

Report of the Inspector of Mental Health Services 2009

MENTAL HEALTH SERVICE	HSE South
APPROVED CENTRE	Department of Psychiatry, St. Luke's Hospital, Kilkenny
CATCHMENT AREA	Carlow/Kilkenny
NUMBER OF WARDS	2
NAMES OF UNITS OR WARDS INSPECTED	Acute Ward Sub-acute Ward
TOTAL NUMBER OF BEDS	44
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	10 September 2009

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

DESCRIPTION

The Department of Psychiatry was a purpose-built single-storey premises opened in 2002. It was set in the grounds of St. Luke's Hospital. The unit, which was bright, clean and spacious, was divided into two wards. The 19-bed Acute Ward included an area that could be used as a high observation area when needed and also had open access to an enclosed garden area. The Sub-acute Ward contained 25 beds and had access to a separate larger garden area. A number of spacious rooms were used for therapeutic programmes and activities and there was an excellent resource room containing information relevant to residents' needs, with online access to further information. Five sector teams, the rehabilitation team and psychiatry of later life team admitted to the unit. There were five involuntary patients on the day of inspection.

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Acute Ward	19	18	5 sector teams Rehabilitation Psychiatry of later life
Sub-acute Ward	25	18	5 sector teams, Rehabilitation Psychiatry of later life

QUALITY INITIATIVES

- Three-monthly meetings were initiated between the CNM3s and CNM2s on the wards
- Monthly meetings were established with the advocate and clinical director, senior social worker and the CNM3 or ADON.
- A drugs and therapeutics committee had been established as a sub-group of the clinical governance committee.
- There was active liaison between staff and voluntary agencies, e.g. Homeless Action Team, Focus Ireland, Brothers of the Good Shepherd, Women's Refuge, and Community Welfare.
- A proactive approach was being developed in relation to discharge planning.
- A review of the ORCHID information system for service users was continuing.
- Pharmacological advice leaflets had been introduced.

PROGRESS ON RECOMMENDATIONS IN THE 2008 APPROVED CENTRE REPORT

1. The agreed clinical risk management tool should be implemented after training for all clinical staff.

Outcome: A risk management policy was in place and a critical incident review group had been established.

2. The approved centre should continue to develop the multidisciplinary care plans, initially by audit and review of the pilot phase, and in the future by developing comprehensive initial assessments of residents' needs.

Outcome: An audit on care planning had been completed.

3. A copy of the back page of the care plan, which contains the details of the resident's multidisciplinary team, could be provided to residents to enhance the information made available to them.

Outcome: Individual folders were developed for all residents containing information about their care plans and multidisciplinary treatment team. Further information was provided on noticeboards.

4. Consideration should be given to unit self-staffing throughout the service to enhance the quality of care and treatment to residents by allowing nurses to specialise in particular areas.

Outcome: Efforts were being made to establish self-staffing in the unit and a questionnaire survey to ascertain the preference of staff was in progress at the time of the inspection.

5. Funding should be made available to ensure that teams have a full complement of core multidisciplinary team members, to enhance the quality of care and treatment to residents by allowing team members to specialise in particular areas.

Outcome: There had been no progress in developing the full complement of multidisciplinary team members for the service.

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:

Photographs of residents were on the files and medication charts.

Article 5: Food and Nutrition

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. There was some choice of menu.

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>		
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:

Food was prepared in the kitchen of St. Canice's Hospital which was Hazard Analysis and Critical Control Points (HACCP) compliant, as was the kitchen in the approved centre. The report of the Environmental Health Officer dated 30 September 2009 was satisfactory.

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 policy was in place with an appropriate review date. Use of night clothes during the day time was documented in the residents' care plans.

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 was in place with an appropriate review date. Residents' money was lodged in the accounts department of the hospital. Residents could withdraw their money during office hours. A locked safe was available on the ward for people admitted during the night. This was emptied by nursing staff in the mornings and money was lodged to the accounts department.

Article 9: Recreational Activities

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 an activities room. A pool table was provided for residents. There were a number of TV sets. Books were available, as were assorted board games. Residents could use the garden.

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 review date was available. There was access to non-denominational religious services, and to specific clergy 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:

A policy was in place with an appropriate review date. A family visiting room was available and visitors could also avail of the garden area and the facilities of the general hospital as appropriate.

Article 12 (1-4): Communication

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. Residents had access to telephone and fax facilities. Mobile phones were retained for residents of the acute unit, but held by residents of the sub-acute area.

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 was in place with an appropriate review date.

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>		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. A single room could be made available.

Article 15: Individual Care Plan

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:

All residents had an individual care plan. There was evidence that the care plan was drawn up in conjunction with the resident. The resident also signed this plan of care and retained a copy or, as the majority of residents preferred, a copy of it was retained in a separate folder in the ward office which could be accessed by residents at any time. There was documentary evidence of weekly review of these care plans. Members of the multidisciplinary team signed their attendance at this review. An audit on the operation of the multidisciplinary care plans had been completed.

Article 16: Therapeutic Services and Programmes

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:

Clinical nurse specialists and occupational therapists provided a range of group and therapeutic activities which were entered into the care plans. A visiting artist held two sessions weekly in the occupational therapy department.

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:

Education and welfare officers come in to facilitate children's learning as required. A policy was in place with an appropriate review date.

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:

A policy was in place with an appropriate review date. Procedures for the transferring of residents were compliant with this Article. Consideration needed to be given to including risk assessments with transfers into and out of the approved centre.

Article 19 (1-2): General Health

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 clinical files of all residents who were resident for a period of six months were examined. There was documentary evidence that the residents were in receipt of a full physical examination every six months. The service had a policy on medical emergencies. All residents had access to the general health specialties within St. Luke's Hospital.

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 with a review date was in place. Information booklets were available and were being reviewed to ensure they were in a user-friendly format. A number of notice boards around the service informed residents of the availability of information and how it could be accessed. An information resource room was available to residents, with appropriate leaflets and books. The ORCHID system was available. Medication information was available based on the PALS system. There was access to different languages through an interpreter service. Information about their personal care plans was conveyed to residents individually.

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:

A policy was in place with an appropriate review date. There were suitable blinds on the windows and bed areas were screened by curtains. All residents had access to their own lockers and wardrobes.

Article 22: Premises

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:

This was a modern well-designed building with plenty of light and space. There were two well-maintained enclosed garden areas. The second had been developed with the help of funding from local business people. Furnishings and decor were modern and in good condition generally. Plants in the public areas were a welcome addition. Staff reported that some maintenance requests were not attended to as quickly as they would like. The Sub-acute Ward needed painting but staff reported that the budget allocation to date had not allowed this to proceed.

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:

A policy was in place with an appropriate review date. A new prescription and administration of medication record was in place across the service and this included consent to treatment.

Article 24 (1-2): Health and 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>		
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.

Article 25: Use of Closed Circuit Television (CCTV)

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 available with an appropriate review date. CCTV for the observation of residents was used only in the seclusion room. The use of CCTV in this area was clearly labeled and evident. It was not capable of recording or storing images. It was reported that the existence and usage of CCTV in this area was disclosed to residents.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Acute Ward	Nurse Housekeeping	3 Staff + 2 CNM2s 2	3 Staff 0
Sub-acute Ward	Nurse Housekeeping	3 Staff + 1 CNM2 2	2 Staff 0
Both wards	Occupational therapy CNM3 ADON CNS Housekeeping	1 1 1 3 1	0 1 0 0 0

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:

An appropriately qualified member of staff was on duty and in charge of the approved centre at all times. The training register was examined. HSE recruitment policies were in place. There was evidence that staff had access to education and training. Residents had access to multidisciplinary staffing on the community mental health teams where they were in post. However, these teams did not have a full complement of staff as recommended in *A Vision for Change* and residents were therefore deprived of the services they could offer.

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>	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:

Information was easily retrievable from the residents' clinical files. A policy was in place with an appropriate review date.

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>		
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 register was kept which conformed to the requirements of Schedule 1 of the Regulations. The service had direct access to the database of the community care department of the HSE for PPS numbers.

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:

Regular multi-disciplinary policy group meetings ensured policies were reviewed as required by the Regulations. A policy planner outlined the schedule for the review of policies and procedures.

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:

A policy was in place with an appropriate review date.

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 policy with an appropriate review date was in place. Complaints were dealt with in accordance with the policy and within a specified time frame. A complaints officer was available. The Inspectorate was informed that there were few complaints.

Article 32: Risk Management 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>	X	
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

A policy and protocols with an appropriate review date was in place. A critical incident review group had been established. Summary incident reports were available to the Inspectorate.

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 statement of the insurance cover provided for the service and a copy of the insurance provided by Irish Public Bodies Mutual Insurance Ltd., was forwarded to 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:

The certificate of registration was framed and displayed in a prominent area at the entrance of the approved centre.

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

SECLUSION

Use: There was one seclusion room and this was situated in the acute ward. It was reported that the number of seclusion episodes had decreased in recent times. One resident in the recent past had required frequent seclusions.

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

Justification for this rating:

The seclusion register was examined and had been completed satisfactorily. The clinical file of one resident who had been secluded recently was examined. The seclusion episodes and events leading up to the seclusion of the resident were clearly documented. There was evidence that the next of kin had been informed of the seclusion episode and that the resident had been afforded an opportunity to discuss the episode with a member of the multidisciplinary team. There was evidence that staff were receiving training and refresher courses on the management of violent incidents.

ECT (DETAINED PATIENTS)

ECT had not been provided to any involuntary patient in the approved centre to date in 2009.

MECHANICAL RESTRAINT

Use: It was reported that mechanical means of bodily restraint was not used by the service. Use of mechanical means of bodily restraint for enduring self-harming behaviour was used by the service..

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	X			
19	Staff training	X			
20	Child patients	NOT APPLICABLE			
21	Part 5: Use of mechanical means of bodily restraint for enduring self-harming behaviour	X			

Justification for this rating:

One resident was nursed at night using bed rails. A record of this order was documented in the resident's clinical file, which included the type of mechanical means of bodily restraint used for enduring self-harming behaviour, and the reasons for and duration of its usage.

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

PHYSICAL RESTRAINT

Use: Physical restraint was used by the service. The clinical file of one resident who had been physically restrained was examined. The clinical practice form for physical restraint was examined.

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

Justification for this rating:

There was documentary evidence that the resident's next of kin had been informed of the episode of physical restraint. There was documentary evidence that the resident had been afforded the opportunity to discuss the episode of physical restraint with a member of the multidisciplinary team. There was evidence that staff were receiving training and refresher courses on the management of violent incidents.

ADMISSION OF CHILDREN

Description: Four children had been admitted to the unit on a voluntary basis. The clinical files of three child residents were examined. The remaining clinical file was unavailable. The clinical files examined were satisfactory.

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

Justification for this rating:

The facilities at the approved centre were not age appropriate and staff were not adequately trained in relation to the care of children. Children admitted did not have access to age-appropriate advocacy services.

No child should be admitted to adult mental health services.

Breach: Section 2.5 (b), Section 2.5 (e), and Section 2.5 (g).

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: A record of incidents was maintained. Incidents were placed on the STARS Web tracking system. A clinical critical review group had been established to examine all aspects of serious and untoward incidents including deaths. This information was also reviewed at the clinical governance forum. A policy on unexplained death was available with review date.

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:

The approved centre had a policy on the notification of deaths and incident reporting. This was separate to the policy on risk management.

ECT FOR VOLUNTARY PATIENTS

Use: Four voluntary residents had been in receipt of a programme of ECT from January 2009 up to the date of the inspection. The clinical file of one resident who had concluded a recent programme of ECT was examined. The ECT register was examined.

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:

A named consultant psychiatrist was responsible for ECT. Two nurses had received training in anaesthetics and recovery. The ECT facilities were satisfactory. The clinical file of the resident who had recently concluded a programme of ECT was satisfactory. The ECT register was satisfactory. The service was compliant.

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: One involuntary patient had been detained for a period in excess of three months and was receiving medication for the purposes of ameliorating mental disorder. The clinical file of this patient was examined.

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

Justification for this rating:

There was documentary evidence that the patient had given consent in writing to the continuing administration of that medicine.

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

One service user asked to speak to the Inspectorate team. This resident was happy with the care and treatment.

OVERALL CONCLUSIONS

The Department of Psychiatry at St. Luke's Hospital was opened in 2002. The building and decor provide the backdrop for an enthusiastic staff committed to the provision of high quality mental health service delivery. Systems were being established to facilitate the development and review of quality initiatives in line with the requirements of the Mental Health Act 2001. Deficits identified in the 2008 report had been acted upon and remedied.

RECOMMENDATIONS 2009

1. A smoking gazebo should be erected in the garden of the acute ward and the smoking room in the acute ward should close.
2. Multidisciplinary staffing needs of the community mental health teams should be addressed.
3. Consideration should be given to including the need for risk assessments to accompany transfers into and out of the approved centre.
4. In order to maintain the high standards of decor in this service, adequate attention should be paid to maintenance.
5. Care should be taken to review policies as recommended by the MHC.