

## Report of the Inspector of Mental Health Services 2011

<b>EXECUTIVE CATCHMENT AREA</b>	Independent Sector
<b>HSE AREA</b>	Independent Sector
<b>MENTAL HEALTH SERVICE</b>	Independent Sector
<b>APPROVED CENTRE</b>	St. John of God Hospital Limited
<b>NUMBER OF WARDS</b>	8
<b>NAMES OF UNITS OR WARDS INSPECTED</b>	St. Peter's Suite St. Paul's Suite St. Camillus Suite Ginesa Suite Carrig Dubh Suite Carrigfergus Suite
<b>TOTAL NUMBER OF BEDS</b>	181
<b>CONDITIONS ATTACHED TO REGISTRATION</b>	No
<b>TYPE OF INSPECTION</b>	Unannounced
<b>DATE OF INSPECTION</b>	7 and 8 September 2011

## OVERVIEW

In 2011, 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 2010 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 2010. Information was gathered from self-assessments, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

## DESCRIPTION

St. John of God Hospital was a voluntary hospital situated in spacious grounds in Stillorgan in Dublin. It had seven adult wards and one ward for adolescents. The premises were pleasant with a cafe, shop, occupational therapy department and a pharmacy that was open to residents who had queries about medication. There was a locked ward, St. Peter's Suite, which had a newly renovated seclusion suite. There were ten clinical teams admitting to St. Peter's Suite and nine teams admitting to St. Paul's Suite.

There were nine detained patients in St. Peter's Suite. Two residents were on one-to-one nursing observations. There was one detained patient in Carrigfergus and six detained patients in Carrig Dubh: There were two detained patients in St. Paul's Suite.

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

COMPLIANCE RATING	2009	2010	2011
Fully Compliant	22	24	27
Substantial Compliance	7	6	2
Minimal Compliance	1	1	0
Not Compliant	1	0	2
Not Applicable	0	0	0

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

**DETAILS OF WARDS IN THE APPROVED CENTRE**

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
St. Peter's Suite	18	15	General Adult
St. Paul's Suite	34	30	General Adult
St. Joseph's Suite	28	28	General Adult
St. Brigid's Suite	24	24	General Adult
St. Camillus Suite	27	25	General Adult
Carrigfergus Suite	24	24	Psychiatry of Old Age
Carrig Dubh Suite	16	15	Psychiatry of Old Age
Ginesa Suite	12	5	Child and Adolescent

**QUALITY INITIATIVES**

- The clinical files of all residents were now computerised on the hospital's Mental Health Information System (MHIS) resulting in clinical records being easily retrievable.
- Recent initiatives in the delivery of Electroconvulsive Therapy (ECT) included a plan to obtain accreditation for the ECT clinic, the designated ECT nurse was involved in auditing patients' experiences of ECT, the development of a maintenance ECT form and the provision of computer points in the ECT room for updating the patient's electronic file.

## **PROGRESS ON RECOMMENDATIONS IN THE 2010 APPROVED CENTRE REPORT**

1. All residents must have an individual care plan as defined in the Regulations. All residents should be afforded an opportunity to be involved in the development and review of their individual care plan, to sign it and to receive a copy of it.

Outcome: Not all residents had an individual care plan.

2. All consultant teams must implement an individual care plan for each resident.

Outcome: Not all residents had an individual care plan.

3. All therapeutic services and programmes that are provided must be in accordance with the individual care plan.

Outcome: Where individual care plans were available they were linked to therapeutic services and programmes.

4. The approved centre should develop and implement policies regarding how staff work with people with an intellectual disability and mental illness.

Outcome: This policy had been developed.

5. Post coming to or going from residents should not be blocked unless this was clinically indicated and documented.

Outcome: This had been achieved.

6. The ongoing work relating to devising a comprehensive risk management policy should progress.

Outcome: This policy was now developed and implemented throughout the approved centre.

7. The menu should include a description of the main foods used in each dish, if this was not evident from the name of the dish.

Outcome: This had been achieved.

8. The bathroom which has been out of commission in Carraig Dubh ward for over a year should be commissioned immediately.

Outcome: A new bathroom had been installed since the last inspection and was of a high standard.

9. A review of the structures and processes in St. Peter's ward should be conducted, including the number of teams admitting to the ward.

Outcome: A new management system was close to implementation where there would be two consultants with responsibility for the unit.

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

**Justification for this rating:**

Inspection of this Article was based on self-assessment.

**Article 5: Food and Nutrition**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Inspection of this Article was based on self-assessment.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Inspection of this Article was based on self-assessment.

**Article 7: Clothing**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Inspection of this Article was based on self-assessment.



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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Inspection of this Article was based on self-assessment. There was a policy on personal property and possessions.

**Article 9: Recreational Activities**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Inspection of this Article was based on self-assessment.

**Article 10: Religion**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Inspection of this Article was based on self-assessment.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Inspection of this Article was based on self-assessment. There was a policy on visiting.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Inspection of this Article was based on self-assessment. There was a policy on communication.

**Article 13: Searches**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>		<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	<b>X</b>		
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Inspection of this Article was based on self-assessment. There was a policy on searches with and without consent and on the finding of illicit substances.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Inspection of this Article was based on self-assessment. There was a policy on the care of residents who are dying.

**Article 15: Individual Care Plan**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>			
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>	<b>X</b>	<b>X</b>	
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			<b>X</b>

**Justification for this rating:**

St. Peter's Suite: Nine individual care plans were examined on the day of inspection. Three residents did not have an individual care plan and in two instances the individual care plan had not been reviewed for six weeks despite the acuity of the resident's illness.

St. Paul's Suite: Four individual care plans which were examined met the requirements of the Regulations.

St. Camillus Suite: All residents whose clinical files were reviewed had an individual care plan, which were of a very good standard.

Ginesa Suite: Five residents clinical files were examined on the day of inspection and all residents had an individual care plan that was discussed with the resident. A copy of the individual care plan was given to each resident.

Carrig Dubh: Nine individual care plans were examined on the day of inspection. In many of these the consultant psychiatrist and registrar had documented a review with no obvious involvement from nursing, social work, psychology, occupational therapy or the resident.

Carrigfergus Suite: Five individual care plans were examined on the day of inspection. One resident's individual care plan had not been reviewed in six weeks. In many of the individual care plans examined the consultant psychiatrist and registrar had reviewed it with no obvious involvement from nursing, social work, psychology, occupational therapy or the resident.

It was found by the Inspectorate that many of the individual care plans were not reviewed by the multidisciplinary team and in some instances there was no record that a nurse had been present when it was reviewed. As not all residents had an individual care plan on the day of inspection the approved centre was not compliant with this Article.

**Breach: 15**



**Article 16: Therapeutic Services and Programmes**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>			
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	<b>X</b>	<b>X</b>	
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			<b>X</b>

**Justification for this rating:**

There were a number of therapeutic services and programmes available to residents in the approved centre. The occupational therapy department provided a range of therapies and there was evidence that residents were seen by members of the social work and psychology departments. There was no occupational therapist available to the residents on St. Peter's Suite.

St. Paul's Suite: All individual care plans which were examined outlined therapeutic services and programmes.

St. Camillus Suite: There was good evidence of a link between an individual's care plan and therapeutic programmes. Individual care plans showed good involvement of health and social care professionals.

Ginesa Suite: All therapeutic services and programmes were clearly linked to the individual's care plan.

In the absence of individual care plans for some residents, it was not possible to provide therapeutic services and programmes to each resident which were linked to individual care plans.

**Breach: 16 (1)**



**Article 17: Children's Education**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>		<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>	<b>X</b>		

**Justification for this rating:**

All children had access to age-appropriate education on site and there was good liaison with the children's school of origin. The approved centre had a full-time teacher and a full-time special needs assistant.

**Article 18: Transfer of Residents**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The approved centre had an up-to-date policy on the transfer of residents. There were procedures for the transfer of residents within the hospital and for transfer to external hospitals.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The clinical files of a number of residents who had been resident for a period in excess of six months were examined. Physical health checks had been carried out on these residents with the previous six months. The approved centre had written operational policies and procedures for responding to medical emergencies.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>			
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The approved centre had an up-to-date policy on the provision of information to residents. On admission, all residents were given an information booklet on the hospital and housekeeping arrangements. There were information leaflets on each individual programme. Information was available on medication and side effects but there was no information available on diagnosis for residents' on St. Peter's Suite. Information on Irish Advocacy Services was displayed throughout the hospital.

**Breach:** 20 (1) (c)

**Article 21: Privacy**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The accommodation in the approved centre was of a very high standard. Residents' privacy was respected by all staff.

**Article 22: Premises**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		<b>X</b>	
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

A new bathroom on Carrig Dubh ward had been installed to a high standard. The overall standard of fittings and furnishings was very high. The building was well maintained.



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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Inspection of this Article was based on self-assessment. There was a policy on the ordering, prescribing, storing and administration of medication.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Inspection of this Article was based on self-assessment. There was a policy on health and safety.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			<b>X</b>
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

St. Peter's Suite: CCTV cameras were in use in this suite and in the garden but there were no signs on display indicating its use.

St. Camillus Suite: CCTV cameras were in use but there were no signs on display indicating its use.

**Breach:** 25 (1) (c)

**Article 26: Staffing**

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
St. Peter's Suite	CNM 2	1	0
	RPN	5	3
St. Paul's Suite	CNM 2	1	0
	RPN	4	2-3
St. Camillus Suite	CNM 2	1	0
	RPN	3	2
Ginesa Suite	CNM 2	1	0
	RPN	3	2
Carrig Dubh Suite	CNM 2	1	0
	CNM 1	1	0
	RPN	3	2
Carrigfergus Suite	CNM 2	1	0
	CNM 1	1	0
	RPN	2	2

*Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Non Consultant Hospital Doctor (NCHD).*

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The approved centre had written policies and procedures relating to the recruitment, selection and vetting of staff.

The approved centre had a full complement of nursing staff. All suites had a full complement of health and social care professionals attached except St. Peter's Suite which had no occupational therapist.

In addition to the core multidisciplinary team, Ginesa Suite provided a wide variety of skill-mix, including sessional dietician, drama therapist, art therapist, well-being therapist and a school teacher.

**Article 27: Maintenance of Records**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>			<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	<b>X</b>	<b>X</b>	
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

There was an up-to-date policy on the creation of, access to, retention of and destruction of records.

The approved centre had fully implemented electronic patient records (MHIS system) and all staff had been trained in its use.

The approved centre provided a copy of the most recent Food Safety Inspection, Health and Safety report and Fire Inspection report.

**Article 28: Register of Residents**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>		<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	<b>X</b>		
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Inspection of this Article was based on self-assessment.

**Article 29: Operating policies and procedures**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>			<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	<b>X</b>	<b>X</b>	
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

All policies were up to date and available to the Inspectorate.



**Article 30: Mental Health Tribunals**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Inspection of this Article was based on self-assessment.

**Article 31: Complaint Procedures**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Inspection of this Article was based on self-assessment. There was an up-to-date policy on complaints. The complaints officer was located in the approved centre.

**Article 32: Risk Management Procedures**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>			<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	<b>X</b>	<b>X</b>	
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

There was a risk management policy that met the requirements of this Article.

**Article 33: Insurance**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Inspection of this Article was based on self-assessment.

**Article 34: Certificate of Registration**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Inspection of this Article was based on self-assessment.

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

**SECLUSION**

**Use:** Seclusion was used on St. Peter's Suite.

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

**Justification for this rating:**

In three of the seclusion records examined by the Inspectorate, it was found that the next of kin had not been notified of the seclusion episode and there was no record in the clinical file as to why the next of kin had not been notified of the seclusion episode.

It was found in a seclusion record that there had been no multidisciplinary team review following the seclusion episode and there was no evidence found in the patient's clinical file explaining why this had not occurred.

At the time of inspection, three seclusion forms remained in the seclusion register and had not been placed in the patient's clinical file.

There were two seclusion rooms, an observation area and bathroom facilities. These facilities were of a high standard. CCTV was in use but there was no signage to indicate this.

**Breach:** 3.7, 9.3, 10.3, 12. 2 (b)

**ECT (DETAILED PATIENTS)**

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**Use:** ECT was used at the approved centre.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
2	Consent	X			
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	<b>NOT APPLICABLE</b>			



**Justification for this rating:**

The approved centre provided an ECT service that was fully compliant with the Rules Governing ECT for detained patients. The ECT suite had a separate waiting room, treatment room and recovery room. The suite was noted to be well-maintained. One of the two named consultant psychiatrists with overall responsibility for the management of ECT and a designated ECT nurse were present during the inspection. Other staff involved in the administration of ECT included a recovery nurse who was present in the ECT suite during ECT. A nurse from the unit remained with the patient throughout the process of ECT. A non consultant hospital doctor (NCHD) administered ECT under the supervision of a consultant psychiatrist.

An individual clinical file of one patient who was having involuntary ECT was examined. An ECT nursing and medical pack was used and completed appropriately. It was noted that extra space in the ECT pack for progress notes might be helpful. A capacity form and review by a second consultant psychiatrist had been carried out and a Form 16 signed. One patient who had ECT without consent was spoken to and gave positive feedback in relation to their ECT experience.

An ECT committee meeting was held quarterly in the approved centre.

**MECHANICAL RESTRAINT**

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**Use:** Mechanical Restraint was not used in the approved centre and there was a policy to this effect.

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

**PHYSICAL RESTRAINT**

**Use:** Physical restraint was used on St. Peter's Suite. Physical restraint was not used on Carrigfergus Suite, Carrig Dubh Suite, Ginesa Suite or St. Paul's Suite.

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

**Justification for this rating:**

St. Peter's Suite: The Clinical Practice Form book was examined. It was discovered by inspectors that in five forms there was no record that the resident's next of kin had been informed of the resident's restraint and there was no record in the clinical file explaining why this had not occurred. Five Clinical Practice Forms were not placed in the resident's clinical file after their episode of physical restraint.

**Breach:** 5.9, 8.3

**ADMISSION OF CHILDREN**

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**Description:** Children and adolescents were admitted to Ginesa Suite.

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

**Justification for this rating:**

In the clinical files examined, consent for admission and treatment had been obtained. Initial assessments had been completed including risk assessments. All residents had an individual care plan and a full multidisciplinary team care plan was also being implemented for all residents. Leave arrangements were clearly documented. All children had access to on-site teachers and a wide range of appropriate activities and therapeutic interventions which were linked to their individual care plans.

**NOTIFICATION OF DEATHS AND INCIDENT REPORTING**

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**Description:** There had been no deaths in the approved centre since January 2011 to the date of inspection.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
2	Notification of deaths	<b>NOT APPLICABLE</b>			
3	Incident reporting	<b>X</b>			
4	Clinical governance	<b>X</b>			

**Justification for this rating:**

There was a system in place for reporting incidents. The approved centre had a comprehensive risk management policy and was compliant with Article 32 of the Regulations on Risk Management Procedures.

**ECT FOR VOLUNTARY PATIENTS**

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**Use:** ECT was used in the approved centre.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
4	Consent	X			
5	Information	X			
6	Prescription of ECT	X			
7	Assessment of voluntary patient	X			
8	Anaesthesia	X			
9	Administration of ECT	X			
10	ECT Suite	X			
11	Materials and equipment	X			
12	Staffing	X			
13	Documentation	X			
14	ECT during pregnancy	<b>NOT APPLICABLE</b>			

**Justification for this rating:**

The approved centre provided an ECT service that was fully compliant with the Rules Governing ECT. The ECT suite had a separate waiting room, treatment room and recovery room. The suite was noted to be well-maintained. One of the two consultant psychiatrists with overall responsibility for the management of ECT and a designated ECT nurse were present during the inspection. Other staff involved in the administration of ECT included a recovery nurse who was present in the ECT suite during ECT. A nurse from the unit remained with the patient throughout the process of ECT. An NCHD administered ECT under the supervision of a consultant psychiatrist.

An individual clinical file of one patient who had consented to a programme of ECT was examined. An ECT nursing and medical pack was used and completed appropriately. A capacity and consent form were completed as was a cognitive assessment. One patient who was having voluntary ECT was spoken to and gave positive feedback in relation to their ECT experience. They highlighted the benefit of having a nurse from the ward present during all stages of ECT.

An ECT committee meeting was held quarterly in the approved centre.

**ADMISSION, TRANSFER AND DISCHARGE**

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**Description:** St. John of God Hospital admitted, transferred and discharged residents.

**Part 2 Enabling Good Practice through Effective Governance**

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

**Level of compliance:**

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
<b>X</b>			

**Justification for this rating:**

The approved centre had policies on admission, transfer and discharge. These policies incorporated sections on assisted admission, self-referrals, discharge against medical advice and discharge of homeless and elderly residents, among others. The approved centre was compliant with Articles 8 (Residents' Personal Property and Possessions), 23 (Ordering, Prescribing, Storing and Administration of Medicines), 29 (Operating Policies and Procedures) and 32 (Risk Management Procedures) of the Regulations. There was a policy for the admission and discharge of people with an intellectual disability and mental illness.



### Part 3 Admission Process

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

**Level of compliance:**

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
	<b>X</b>		

**Justification for this rating:**

The approved centre was compliant with Article 7 (Clothing) and Article 8 (Residents' Personal Property and Possessions) of the Regulations.

The approved centre was not fully compliant with Article 15 (Individual Care Plan) and Article 20 (Provision of Information to Residents) of the Regulations. The decision to admit was made by the consultant psychiatrist. There was evidence of multidisciplinary review. The admission assessment was excellent and included a risk assessment. The approved centre operated a key worker system.

**Breach:** 16.3 (c), 17.1

**Part 4 Transfer Process**

*The following aspects were considered: 25. Transfer criteria, 26. decision to transfer, 27. assessment before transfer, 28. resident involvement, 29. multidisciplinary team involvement, 30. communication between Approved Centre and receiving facility and information transfer, 31. record-keeping and documentation, 32. day of transfer.*

**Level of compliance:**

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
<b>X</b>			

**Justification for this rating:**

There was a policy on transfers. The decision to transfer was taken by the consultant psychiatrist following assessment. Where appropriate the multidisciplinary team were involved in the decision to transfer. A referral letter accompanied the resident. A staff nurse accompanied the resident on transfer. The approved centre was compliant with Article 18 of the Regulations (Transfer of Residents).

**Part 5 Discharge Process**

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

**Level of compliance:**

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
<b>X</b>			

**Justification for this rating:**

St. Camillus Suite: The clinical file of one resident who was due for discharge the day following the inspection was reviewed. There was evidence that the discharge had been discussed at the multidisciplinary (MDT) team meeting; an appointment for the out-patient clinic had been arranged.

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

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**Description:** On the day of inspection there were no residents in the approved centre with an intellectual disability and mental illness.

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

**Level of compliance:**

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
	<b>X</b>		

**Justification for this rating:**

There was a policy regarding working with those who have an intellectual disability and mental illness. Staff had not received training in the care of residents with an intellectual disability and mental illness.

**Breach:** 6

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

**SECTION 60 – ADMINISTRATION OF MEDICINE**

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**Description:** In St. Paul's Suite there were two patients under section 60. There were no detained patients in St. Camillus Suite.

SECTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	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:**

St. Paul's Suite: Two patients were detained for a period exceeding three months. Both had consented to treatment.
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**SECTION 61 – TREATMENT OF CHILDREN WITH SECTION 25 ORDER IN FORCE**

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**Description:** There were no children admitted under section 25.

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

### **SERVICE USER INTERVIEWS**

All the residents spoken to either formally or informally during the inspection process described their environment as well kept and comfortable. They found the staff approachable and supportive.

### **OVERALL CONCLUSIONS**

St. John of God Hospital was located in spacious grounds in south Dublin and provided acute in-patient adolescent and adult psychiatric services as well as services for Psychiatry of Old Age. The approved centre was clean and well-maintained and the ECT facilities were of a high standard. The Inspectorate found that not all residents had an individual care plan on the day of inspection as required by the Regulations. The introduction of electronic clinical files was innovative and was in use now throughout the hospital.

### **RECOMMENDATIONS 2011**

1. Each resident must have an individual care plan as required by the Regulations with documented goals which are regularly reviewed and updated by the residents multidisciplinary team, so far as practicable in consultation with each resident.
2. Therapeutic services and programmes must be provided in accordance with each resident's individual care plan and must be directed towards restoring optimal physical and psychosocial functioning of each resident.
3. Written information on diagnoses must be made available for residents and their families on St. Peter's Suite.
4. The approved centre must ensure that where CCTV is used there is clear signage indicating its use.
5. The approved centre must be compliant with the Rules Governing the Use of Seclusion.
6. The approved centre should be compliant with the Code of Practice on the Use of Physical Restraint in Approved Centres and the Code of Practice on Guidance for Persons working in Mental Health Services with People with Intellectual Disabilities.