Report of the Inspector of Mental Health Services 2012

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Galway, Mayo, Roscommon
HSE AREA	West
MENTAL HEALTH SERVICE	East Galway
APPROVED CENTRE	St. Brigid's Hospital, Ballinasloe
NUMBER OF WARDS	3
NAMES OF UNITS OR WARDS INSPECTED	Our Lady's Ward St. Dympna's Ward Clonfert Suite
TOTAL NUMBER OF BEDS	44
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	21 August 2012

Summary

- The approved centre had an excellent resident information booklet. The booklet was attractively laid out and illustrated and contained excellent information.
- St. Dympna's Ward, in its current state, was not suitable as an acute admissions ward.
- Use of Mechanical Means of Bodily Restraint for Enduring Risk of Harm to Self or Others was not ordered in accordance with Part 5 of the Rules.
- Seclusion facilities in St. Dympna's Ward were not of the standard as set in the Rules Governing the Use of Seclusion.
- One resident did not have an individual care plan as defined in the Regulations.
- Individual clinical files were not maintained to the standard required by the Regulations.

OVERVIEW

In 2012, the Inspectorate inspected this Approved Centre against all of the Mental Health Act 2001 (Approved Centres) Regulations 2006.

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 2011. In addition to the core inspection process information was also gathered from self-assessments, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

St. Brigid's Hospital, Ballinasloe, was an approved centre under the Mental Health Act 2001 and was part of a wider community mental health service. There were no longer any wards on the main campus of St. Brigid's Hospital that catered for residents in receipt of mental health services. St. Dympna's Ward and Our Lady's Ward were acute admission wards housed in a stand alone facility across the road from the old St. Brigid's Hospital site, and this building dated to the 1930s. St Luke's Ward had closed and residents from this ward had been transferred to Our Lady's Ward. Clonfert Suite had opened in 2011 in newly built premises some two hundred metres from this site and provided continuing care for elderly residents with mental illness.

On the day of inspection capital refurbishment work was underway in St. Luke's Ward which had closed and was no longer part of the approved centre. The plan was for Our Lady's Ward to close and for St. Dympna's Ward to be the only admission ward containing 22 beds and that it and Clonfert Suite would in the near future comprise the approved centre. The capital refurbishment work was planned to continue into St. Dympna's Ward as the premises was in need of major refurbishment. In its current state, St. Dympna's Ward was not suitable as an acute admissions ward. The total number of beds open on the day of inspection was 44. On the day of inspection there were 18 residents on St. Dympna's Ward, of whom four were detained under the Mental Health Act 2001,14 residents in Clonfert Suite and one resident in Our Lady's Ward. There were no residents over the age of 65 years in the admissions wards. Four children had been admitted to the unit in 2012 up to the time of inspection.

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	22	28	22
Substantial Compliance	5	3	6
Minimal Compliance	2	0	1
Not Compliant	1	0	2
Not Applicable	1	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
Our Lady's	6	1	General Adult
St. Dympna's	22	18	General Adult
Clonfert Suite	16	14	Psychiatry of Old Age

QUALITY INITIATIVES 2011/2012

- Clonfert Suite was now providing admissions/respite where necessary.
- An audit of nursing input into the Recovery Care Plan in St. Dympna's Ward had taken place.

PROGRESS ON RECOMMENDATIONS IN THE 2011 APPROVED CENTRE REPORT

1. A ligature audit should be carried out on St. Dympna's and St. Luke's Wards.

Outcome: Despite this recommendation in the 2011 report, a number of ligature points were noted by inspectors in St. Dympna's Ward. St. Luke's Ward was closed and was no longer part of the approved centre.

2. The anaesthetic induction agent for ECT should be kept in a fridge in the Treatment Room area of the ECT suite.

Outcome: The anaesthetic induction agent for ECT was now kept in a fridge in the Recovery area of the ECT suite.

3. Consultant psychiatrists must complete the ECT Register and the Clinical Practice Forms for Physical Restraint in a timely manner.

Outcome: This had been achieved.

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	2010	2011	2012
Fully compliant	*Evidence of full compliance with this Article.*	X	X	X
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*			
Minimal compliance	*Effort has been made to achieve compliance with this Article but significant improvement is still needed.*			
Not compliant	*Service was unable to demonstrate structures or processes to be compliant with this Article.*			

Justification for this rating:

Each key nurse responsible for a group of assigned residents administered medication with another nurse to that group of residents. Wrist bands were offered to residents to be worn for identification purposes. It was planned to have photographs of residents in the clinical files and medication sheets for the purpose of identification.

Article 5: Food and Nutrition

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	*Evidence of full compliance with this Article.*	X	X	
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*			X
Minimal compliance	*Effort has been made to achieve compliance with this Article but significant improvement is still needed.*			
Not compliant	*Service was unable to demonstrate structures or processes to be compliant with this Article.*			

Justification for this rating:

Residents had access to a supply of bottled water through water cooler dispensers. Meals were cooked in the main hospital kitchen which was located adjacent to Clonfert Suite. A menu was not available to residents. Both staff and residents had no knowledge of what was due to be served for the main meal on the day of inspection. It was suggested by inspectors that there should be liaison between a senior member of nursing staff and the hospital kitchen so that a timely menu system and greater element of choice could be incorporated into the preparation of meals. Tea and snacks were available. It was reported that fresh fruit was available to residents. Residents had access to the hospital shop in the main hospital building.

Breach: 5(2)

Article 6 (1-2): Food Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	*Evidence of full compliance with this Article.*	X	X	X
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*			
Minimal compliance	*Effort has been made to achieve compliance with this Article but significant improvement is still needed.*			
Not compliant	*Service was unable to demonstrate structures or processes to be compliant with this Article.*			

Justification for this rating:

The most recent Environmental Health Officer's report was available for inspection.

Article 7: Clothing

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	*Evidence of full compliance with this Article.*	X	X	X
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*			
Minimal compliance	*Effort has been made to achieve compliance with this Article but significant improvement is still needed.*			
Not compliant	*Service was unable to demonstrate structures or processes to be compliant with this Article.*			

Justification for this rating:

Residents did not wear night clothing during the day. The use of night clothing was not deemed part of the treatment option for residents and this was stated in the policy and procedures. Individual clothing was provided in the event of a resident not having a personal supply of clothing.

Article 8: Residents' Personal Property and Possessions

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	*Evidence of full compliance with this Article.*	X	X	
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*			X
Minimal compliance	*Effort has been made to achieve compliance with this Article but significant improvement is still needed.*			
Not compliant	*Service was unable to demonstrate structures or processes to be compliant with this Article.*			

Justification for this rating:

There was an up-to-date policy in relation to resident's personal property and possessions. Valuables could be stored in a safe. A property record was completed in duplicate on admission and signed by two staff members and the resident.

In St. Dympna's ward there was a large amount of residents' clothing stacked in black bags in the corner of the ward and staff reported that storage for residents' clothing was an ongoing issue. Many of the residents' wardrobes were small and some of the internal compartments were broken.

Breach: 8(6)

Article 9: Recreational Activities

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	*Evidence of full compliance with this Article.*	X	X	X
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*			
Minimal compliance	*Effort has been made to achieve compliance with this Article but significant improvement is still needed.*			
Not compliant	*Service was unable to demonstrate structures or processes to be compliant with this Article.*			

Justification for this rating:

There was sufficient communal space for residents to relax and pursue individual recreational activities. There were books, magazines, art materials and table games available. A daily newspaper was also delivered. Internet access was available for residents who might also use their personal computers unless their individual care plan indicated otherwise. Television, DVDs and a music player were also available for residents' use. Residents had access to the hospital shop. St. Dympna's ward had a new enclosed garden area for residents, which was in use on the day of inspection.

Article 10: Religion

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	*Evidence of full compliance with this Article.*	X	X	X
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*			
Minimal compliance	*Effort has been made to achieve compliance with this Article but significant improvement is still needed.*			
Not compliant	*Service was unable to demonstrate structures or processes to be compliant with this Article.*			

Justification for this rating:

Residents were supported in the practice of their religion where this was applicable.

Article 11 (1-6): Visits

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	*Evidence of full compliance with this Article.*	X	X	X
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*			
Minimal compliance	*Effort has been made to achieve compliance with this Article but significant improvement is still needed.*			
Not compliant	*Service was unable to demonstrate structures or processes to be compliant with this Article.*			

Justification for this rating:

There was an up-to-date policy on visits. Although there was no dedicated family room available for visits, rooms could be made available for families in the dayroom, dining area or garden. Visiting times were posted on the wall at reception but reasonable flexibility applied. Child visitors were required to be accompanied by a responsible adult.

Article 12 (1-4): Communication

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	*Evidence of full compliance with this Article.*	X	X	X
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*			
Minimal compliance	*Effort has been made to achieve compliance with this Article but significant improvement is still needed.*			
Not compliant	*Service was unable to demonstrate structures or processes to be compliant with this Article.*			

Justification for this rating:

There was an up-to-date policy in relation to communication. Residents had access to mailing and telephone facilities. There was no payphone on St. Dympna's ward but staff reported that residents had access to the ward telephone for incoming or outgoing telephone calls. Internet access was available to residents.

Article 13: Searches

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	*Evidence of full compliance with this Article.*	X	X	X
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*			
Minimal compliance	*Effort has been made to achieve compliance with this Article but significant improvement is still needed.*			
Not compliant	*Service was unable to demonstrate structures or processes to be compliant with this Article.*			

Justification for this rating:

There was an up-to-date policy in relation to the carrying out of searches with and without consent and on the finding of illicit substances. Searches had been carried out. The clinical file of one resident who had been searched was examined. There was documentary evidence in a form devised by the service that the consent for this search had been signed by the resident and co-signed by a member of staff. Two registered nurses carried out any search.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	*Evidence of full compliance with this Article.*	X	X	X
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*			
Minimal compliance	*Effort has been made to achieve compliance with this Article but significant improvement is still needed.*			
Not compliant	*Service was unable to demonstrate structures or processes to be compliant with this Article.*			

Justification for this rating:

There was an up-to-date policy on the care of residents who are dying. There was a single room to accommodate the resident and family in St. Dympna's ward. All rooms in Clonfert Suite were single rooms.

Article 15: Individual Care Plan

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	*Evidence of full compliance with this Article.*		X	
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*			
Minimal compliance	*Effort has been made to achieve compliance with this Article but significant improvement is still needed.*	X		
Not compliant	*Service was unable to demonstrate structures or processes to be compliant with this Article.*			X

Justification for this rating:

St. Dympna's Ward: Not all residents had individual care plans (ICPs) which fully met the requirements of the Regulations.

One resident who was involuntary did not have an individual care plan since admission. Four residents' individual care plans examined had not been signed by the resident.

Breach: 15

Article 16: Therapeutic Services and Programmes

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	*Evidence of full compliance with this Article.*		X	
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*			
Minimal compliance	*Effort has been made to achieve compliance with this Article but significant improvement is still needed.*	X		
Not compliant	*Service was unable to demonstrate structures or processes to be compliant with this Article.*			X

Justification for this rating:

There was an excellent activation centre which was managed by the Activation Nurse. There was a dedicated programme of activities which was based on the individual needs of the residents and was in accordance with residents' individual care plan. However since not all residents had an individual care plan, in keeping with the reading of this Article, each resident did not have access to an appropriate range of therapeutic services and programmes in accordance with his or her individual care plan.

Breach: 16(1)

Article 17: Children's Education

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	*Evidence of full compliance with this Article.*	X	X	X
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*			
Minimal compliance	*Effort has been made to achieve compliance with this Article but significant improvement is still needed.*			
Not compliant	*Service was unable to demonstrate structures or processes to be compliant with this Article.*			

Justification for this rating:

There was an up-to-date policy in relation to children's education. Four children had been admitted in 2012 up to the time of inspection and the clinical file of one child who had been discharged was examined. There was clear evidence in the clinical file that educational support was given to the child.

Article 18: Transfer of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	*Evidence of full compliance with this Article.*	X	X	X
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*			
Minimal compliance	*Effort has been made to achieve compliance with this Article but significant improvement is still needed.*			
Not compliant	*Service was unable to demonstrate structures or processes to be compliant with this Article.*			

Justification for this rating:

There was an up-to-date policy on transfers and the transfer of clinical information. All relevant information about the resident was provided to the receiving approved centre or hospital.

Article 19 (1-2): General Health

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	*Evidence of full compliance with this Article.*	X	X	X
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*			
Minimal compliance	*Effort has been made to achieve compliance with this Article but significant improvement is still needed.*			
Not compliant	*Service was unable to demonstrate structures or processes to be compliant with this Article.*			

Justification for this rating:

The service had an up-to-date policy on responding to medical emergencies. There was a system in place in each ward to ensure six-monthly general physical examinations were completed. The individual clinical file of one resident in St. Dympna's ward who had been in the approved centre longer than six months was inspected. There was clear documentation that the resident had refused their six-monthly physical examination.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	*Evidence of full compliance with this Article.*	X	X	X
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*			
Minimal compliance	*Effort has been made to achieve compliance with this Article but significant improvement is still needed.*			
Not compliant	*Service was unable to demonstrate structures or processes to be compliant with this Article.*			

Justification for this rating:

The approved centre had an excellent resident information booklet. The booklet was attractively laid out and illustrated and contained excellent information. Information was available on medications and diagnosis. Information was available on independent advocacy services and self-help groups. The approved centre had an up-to-date policy and procedures relating to the provision of information to residents.

Article 21: Privacy

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	*Evidence of full compliance with this Article.*		X	
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*			X
Minimal compliance	*Effort has been made to achieve compliance with this Article but significant improvement is still needed.*			
Not compliant	*Service was unable to demonstrate structures or processes to be compliant with this Article.*	X		

Justification for this rating:

There were no locks on the shower doors in St. Dympna's Ward.

Breach: 21

Article 22: Premises

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	*Evidence of full compliance with this Article.*			
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*	X	X	
Minimal compliance	*Effort has been made to achieve compliance with this Article but significant improvement is still needed.*			X
Not compliant	*Service was unable to demonstrate structures or processes to be compliant with this Article.*			

Justification for this rating:

St. Dympna's Ward was grim and dated looking and not in good decorative order. Inspectors found parts of this ward too warm with poor ventilation particularly in the seclusion room and in a number of bedrooms. A number of ligature points that had been pointed out by inspectors during the 2011 inspection remained in situ and the door leading to one was found to be unlocked and unsupervised. The environment, in its current state, was not suitable as an acute admissions ward. The toilet, shower and bathroom facilities were not suitable; windowsills and toilet doors did not appear to have been cleaned and were grubby. A capital refurbishment programme was planned to commence in this ward.

Clonfert Suite: Although a modern building, opened in 2011, it appeared stuffy and poorly ventilated when inspectors entered the premises. The windows were subsequently opened allowing for better ventilation. The dining room was small but it was reported that many residents were bed-bound and ate their meals in the vicinity of their rooms.

Breach: 22(1) (a),(b),(c), (3).

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	*Evidence of full compliance with this Article.*	X	X	X
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*			
Minimal compliance	*Effort has been made to achieve compliance with this Article but significant improvement is still needed.*			
Not compliant	*Service was unable to demonstrate structures or processes to be compliant with this Article.*			

Justification for this rating:

The approved centre had appropriate and suitable practices and there was an-up-to-date policy on the ordering, prescribing, storing and administration of medication.

Article 24 (1-2): Health and Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	*Evidence of full compliance with this Article.*	X	X	X
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*			
Minimal compliance	*Effort has been made to achieve compliance with this Article but significant improvement is still needed.*			
Not compliant	*Service was unable to demonstrate structures or processes to be compliant with this Article.*			

Justification for this rating:

There was a health and safety statement for the approved centre. The risk register for the approved centre summarised and communicated all known risks to the executive management team.

Article 25: Use of Closed Circuit Television (CCTV)

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	*Evidence of full compliance with this Article.*	**NOT APPLICABLE**	**X**	**X**
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*			
Minimal compliance	*Effort has been made to achieve compliance with this Article but significant improvement is still needed.*			
Not compliant	*Service was unable to demonstrate structures or processes to be compliant with this Article.*			

Justification for this rating:

There was an up-to-date policy on the use of CCTV.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
St. Luke's	CNM2	1	0
	RPNs	2	2
St. Dympna's	CNM2	1	0
	RPNs	4	3
	Acting CNM3	0	1
Clonfert Suite	CNM2	1	0
	RPNs	2	2

Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Non Consultant Hospital Doctor (NCHD),Director of Nursing, (DON), Assistant Director of Nursing (ADON).

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	*Evidence of full compliance with this Article.*			
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*	X	X	X
Minimal compliance	*Effort has been made to achieve compliance with this Article but significant improvement is still needed.*			
Not compliant	*Service was unable to demonstrate structures or processes to be compliant with this Article.*			

Justification for this rating:

The HSE recruitment policies applied. The staff training log was available and up to date. Staff were trained in the prevention and management of aggression and violence. There was an appropriately qualified member of staff on duty and in charge of the approved centre at all times. The sector teams admitting to the approved centre did not have adequate numbers of health and social care professionals including occupational therapists, psychologists and social workers.

Breach: 26(2)

Article 27: Maintenance of Records

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	*Evidence of full compliance with this Article.*			
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*	X	X	X
Minimal compliance	*Effort has been made to achieve compliance with this Article but significant improvement is still needed.*			
Not compliant	*Service was unable to demonstrate structures or processes to be compliant with this Article.*			

Justification for this rating:

There was a policy in relation to the creation, access to, retention and destruction of records. The food safety, health and safety, and fire inspection records were available within the approved centre. Clinical files were integrated, but many had loose pages where clinical information was falling out and as a result there was a risk that this information would be lost. It was not easy to retrieve information within the clinical files.

Breach: 27(1)

Article 28: Register of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	*Evidence of full compliance with this Article.*	X	X	
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*			X
Minimal compliance	*Effort has been made to achieve compliance with this Article but significant improvement is still needed.*			
Not compliant	*Service was unable to demonstrate structures or processes to be compliant with this Article.*			

Justification for this rating:

The Register of Residents was not available to inspectors on the day of inspection. A register of residents was subsequently forwarded to the Inspectorate but this register did not comply with Schedule 1 of the Regulations.

Breach: 28

Article 29: Operating policies and procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	*Evidence of full compliance with this Article.*	X	X	X
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*			
Minimal compliance	*Effort has been made to achieve compliance with this Article but significant improvement is still needed.*			
Not compliant	*Service was unable to demonstrate structures or processes to be compliant with this Article.*			

Justification for this rating:

All policies were reviewed at least every three years and updated.

Article 30: Mental Health Tribunals

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	*Evidence of full compliance with this Article.*	X	X	X
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*			
Minimal compliance	*Effort has been made to achieve compliance with this Article but significant improvement is still needed.*			
Not compliant	*Service was unable to demonstrate structures or processes to be compliant with this Article.*			

Justification for this rating:

There were facilities made available for Mental Health Tribunals. Patients were facilitated and supported in attending as required.

Article 31: Complaint Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	*Evidence of full compliance with this Article.*		X	X
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*	X		
Minimal compliance	*Effort has been made to achieve compliance with this Article but significant improvement is still needed.*			
Not compliant	*Service was unable to demonstrate structures or processes to be compliant with this Article.*			

Justification for this rating:

There was a complaints policy and the complaints officer was located in the approved centre. The complaints procedure was displayed. A record of complaints was available.

Article 32: Risk Management Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	*Evidence of full compliance with this Article.*		X	X
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*	X		
Minimal compliance	*Effort has been made to achieve compliance with this Article but significant improvement is still needed.*			
Not compliant	*Service was unable to demonstrate structures or processes to be compliant with this Article.*			

Justification for this rating:

There was an up-to-date policy on risk management which met the requirements of the Regulations and there was documentary evidence in all clinical files examined that this policy was implemented throughout the approved centre.

Article 33: Insurance

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	*Evidence of full compliance with this Article.*	X	X	X
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*			
Minimal compliance	*Effort has been made to achieve compliance with this Article but significant improvement is still needed.*			
Not compliant	*Service was unable to demonstrate structures or processes to be compliant with this Article.*			

Justification for this rating:

The approved centre was insured by the State Claims Agency and the insurance certificate was displayed within the unit.

Article 34: Certificate of Registration

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	*Evidence of full compliance with this Article.*	X	X	X
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*			
Minimal compliance	*Effort has been made to achieve compliance with this Article but significant improvement is still needed.*			
Not compliant	*Service was unable to demonstrate structures or processes to be compliant with this Article.*			

Justification for this rating:

The Certificate of Registration was framed and displayed at the entrance to the approved centre.

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

SECLUSION

Use: Seclusion had been used on five occasions in 2012 up to the time of inspection.

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	NOT APPLICABLE			
13	Child patients	NOT APPLICABLE			

Justification for this rating:

The documentation for seclusion was good. The seclusion register had been correctly completed. Monitoring had been carried out in accordance with the Rules. Seclusion had been documented in the clinical file. There was a policy regarding the use of seclusion.

Staff were trained in the prevention and management of aggression and violence.

The facilities for seclusion were very poor. The seclusion room was located in the main corridor. Any resident secluded could be observed by any passer-by, including fellow residents and visitors through the clear glass window in the seclusion room door: photographic evidence taken. This was a clear breach of Rule 8.2 of the Rules Governing the Use of Seclusion. Indeed it was declared by staff that the seclusion room had been used in this manner on previous occasions. Although no resident was secluded at the time of inspection, inspectors insisted that the window be covered up immediately and remedied for the long term. The situation was temporarily remedied immediately by staff of the approved centre.

CCTV was not used. The room was poorly ventilated and smelly. There were no toilet and washing facilities. The upgrade of the premises should remedy this situation.

Breach: 8.1, 8.2

Electroconvulsive Therapy (ECT) (DETAINED PATIENTS)

Use: The approved centre used ECT. No detained patient was currently undergoing a programme of ECT.

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

Justification for this rating:

The ECT suite satisfied the requirements of the Rules Governing the Use of Electroconvulsive Therapy. Up-to-date protocols for the management of cardiac arrest, anaphylaxis and malignant hyperthermia were prominently displayed. Materials and equipment were satisfactory. The fridge containing the anaesthetic induction agent was now stored in the Recovery Room. There was a named consultant psychiatrist with overall responsibility for the management of ECT. The designated ECT nurse was trained in ECT.

MECHANICAL RESTRAINT

Use: Part 5 of Mechanical Restraint was used in the approved centre.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
1	General principles	NOT APPLICABLE			
14	Orders	NOT APPLICABLE			
15	Patient dignity and safety	NOT APPLICABLE			
16	Ending mechanical restraint	NOT APPLICABLE			
17	Recording use of mechanical restraint	NOT APPLICABLE			
18	Clinical governance	NOT APPLICABLE			
19	Staff training	NOT APPLICABLE			
20	Child patients	NOT APPLICABLE			
21	Part 5: Use of mechanical means of bodily restraint for enduring self-harming behaviour		X		

Justification for this rating:

Four residents in Clonfert Suite were required to wear lap belts for enduring self harm under Part 5 of the Rules: Use of Mechanical Means of Bodily Restraint for Enduring Risk of Harm to Self or Others. While the individual care plans for these four residents were excellent and described in detail the reasons for the wearing of these lap belts and the duration of use, and while there was evidence of regular review of these individual care plans, inspectors found that such a documentary format, whilst it should be retained as excellent practice by the staff of the approved centre, did not go far enough to meet the requirements of Part 5 of the Rules in that it was not evidently clear from examination of the documentation by inspectors that the orders had been made by a registered medical practitioner under the supervision of the consultant psychiatrist responsible for the care and treatment of the patient or the duty consultant psychiatrist acting on his or her behalf.

Breach: 21.3, 21.5

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

PHYSICAL RESTRAINT

Use: Physical restraint had been used on thirty occasions in 2012 up to the time of inspection.

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. Dympna's Ward: The Clinical Practice Form book was inspected and on two occasions not all relevant sections of the Form had been clearly recorded. On two occasions the Clinical Practice Form was not placed in the residents' clinical files following the episode of physical restraint. The individual clinical files of residents who had been physically restrained were inspected and the episodes were recorded fully, including de-escalation attempts, debriefing and review by the multidisciplinary team and next of kin were informed. Staff training was logged and up to date. There was a policy regarding the use of physical restraint.

Our Lady's Ward: The clinical file of the one resident on this ward, who was detained under the Mental Health Act 2001, was examined. From examination of the documentation in the clinical file, inspectors noted that the patient had appeared to have been physically restrained earlier in 2012, particularly with the use of the phrase "patient apprehended" entered in the clinical file, although the episode had not been clearly documented as physical restraint: photographic evidence was taken. In addition, inspectors found that no entry had been made into the Clinical Practice Form book for Physical Restraint. It was unclear to inspectors who had ordered the physical restraint and whether the consultant psychiatrist responsible for the care and treatment of the resident or the duty consultant psychiatrist had been notified by the person who initiated the use of physical restraint. The incident report book on the ward had not been completed in regard to this incident but another

incident report book was subsequently discovered to have been completed appropriately in this regard. This matter was brought up for discussion by inspectors with the management team near the conclusion of the inspection. Inspectors were assured that the matter would be investigated by the approved centre.

Subsequent to the inspection the approved centre submitted a detailed written report following an internal investigation into the above matter in Our Lady's Ward. The Inspectorate was satisfied, on examination of this report, that in this instance, physical restraint had not been used in Our Lady's Ward.

Breach: 8.2, 8.3

ADMISSION OF CHILDREN

Description: Four children had been admitted to the approved centre in 2012 up to the time of inspections.

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

Justification for this rating:

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

Breach: 2.5

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: There had been no deaths in the approved centre in 2012 up to the time of inspection.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
2	Notification of deaths	NOT APPLICABLE			
3	Incident reporting	X			
4	Clinical governance (identified risk manager)	X			

Justification for this rating:

The approved centre reported deaths and incidents to the Mental Health Commission as required. There was an incident log available for inspection. The clinical risk manager was on-site and reviewed all incidents with the senior management team and reported to the local health manager. The risk management policy identified the risk manager as required by the Code of Practice on the Notification of Deaths and Incidents.

Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS

Use: The approved centre used ECT. No voluntary patient was currently undergoing a programme of ECT.

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

Justification for this rating:

The ECT suite satisfied the requirements of the Rules Governing the Use of Electroconvulsive Therapy. Up-to-date protocols for the management of cardiac arrest, anaphylaxis and malignant hyperthermia were prominently displayed. Materials and equipment were satisfactory. The fridge containing the anaesthetic induction agent was now stored in the Recovery Room. There was a named consultant psychiatrist with overall responsibility for the management of ECT. The designated ECT nurse was trained in ECT.

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	MINIMAL COMPLIANCE	NOT COMPLIANT
	X		

Justification for this rating:

The approved centre had comprehensive policies on admission, transfer and discharge of residents. Policies were in place in relation to the discharge of older persons and homeless persons. Staff responsibilities were described in the admission policy. The approved centre was fully compliant with Article 32 of the Regulations which dealt with risk management and all individual clinical files inspected recorded risk assessment at time of admission and updated as appropriate.

The approved centre was compliant with Article 23 relating to the Ordering, Prescribing, Storing and Administration of Medicines and Article 32 relating to Risk Management Procedures; it was not fully compliant with Article 8 relating to Personal Property and Possessions. There was a record that staff had read the documentation on policies. The approved centre was fully compliant with Article 18 on the Transfer of Information. A copy of policies was available in the ward office and there was a record of staff training in this regard.

All staff had received training in physical restraint.

Breach: 4.10

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
	X		

Justification for this rating:

The service endeavoured to admit residents on a planned basis. There was a policy in relation to admissions. There was an excellent admission assessment form in the clinical files but this had not been completed for all residents.

Not all residents had an individual care plan. The approved centre had an excellent information booklet for residents.

The approved centre was compliant with Article 7 relating to Clothing and Article 20 relating to Provision of Information. It was not fully compliant with Article 27 relating to Maintenance of Records or Article 8 relating to Residents' Personal Property and Possessions.

Breach: 17.1, 22.6, 23.1.1

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
	X		

Justification for this rating:

The approved centre had a policy on the transfer of residents. The clinical files of two residents who had been transferred from the approved centre to a general hospital were inspected. In the case of one resident transferred, the reason for the transfer was documented but no copy of the referral letter was retained in the clinical file. In the second instance, a copy of the referral letter was in the clinical file but the reason for the transfer was not documented in the notes in the clinical file. The approved centre was compliant with Article 18 relating to the Transfer of Residents.

Breach: 31.1, 31.2

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
X			

Justification for this rating:

The individual clinical files of two residents recently discharged were inspected. The decision to discharge was taken by the consultant psychiatrist with multidisciplinary team (MDT) involvement. The MDT and key worker were involved both with the residents' families and community mental health services in discharge planning. There was an excellent discharge form, a copy of which was sent to the resident's GP and residents were provided with follow-up appointments at the time of discharge.

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

Description: No resident had an intellectual disability and a 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
X			

Justification for this rating:

At the time of inspection there was no resident in the approved centre with an intellectual disability and mental illness.

The approved centre had a policy on the care and management of an individual with intellectual disability and a mental illness. A training programme for staff on the care and management of persons with intellectual disability and mental illness had been delivered to staff.

2.5 EVIDENCE OF COMPLIANCE WITH SECTIONS 60/61 MENTAL HEALTH ACT 2001 (MEDICATION)

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: Three detained patients in the approved centre had been receiving medication for more than three months.

SECTION	FULLY COMPLIANT	NOT COMPLIANT
Section 60 (a)	X	
Section 60 (b)(i)	X	
Section 60 (b)(ii)	X	

Justification for this rating:

St. Dympna's Ward: a Form 17 had been completed by the treating consultant psychiatrist and another consultant psychiatrist for one patient and the second patient had signed consent to receiving medication.

Our Lady's Ward: a Form 17 had been completed by the treating consultant psychiatrist and another consultant psychiatrist for the patient.

SECTION 61 – TREATMENT OF CHILDREN WITH SECTION 25 MENTAL HEALTH ACT 2001 ORDER IN FORCE

Description: No child had been detained in the approved centre in 2012 up to the time of inspection and Section 61 did not apply.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

Two residents in the approved centre requested to speak to inspectors. One was happy with their care and treatment. The other resident highlighted a number of issues relating in the main to housekeeping matters, which were relayed to the management team.

OVERALL CONCLUSIONS

St. Luke's Ward had closed. The plan was for St. Dympna's Ward to be the only admission ward containing 22 beds and that it and Clonfert Suite would, in the near future, comprise the approved centre. This capital refurbishment work is essential as St. Dympna's Ward continues to feature ligature points in a number of areas, as pointed out by inspectors during the 2011 inspection. In addition, there was a complete lack of storage space for both clinical equipment and residents' personal property and possessions. Overall, St. Dympna's Ward, in its current state, was not suitable as an acute admissions ward.

Although there was an excellent activation centre which was managed by the Activation Nurse and a dedicated programme of activities which was based on the individual needs of the residents and was in accordance with residents' individual care plans, it was disappointing to find that one resident did not have an individual care plan which resulted in the approved centre dropping to a rating of not compliant in relation to Article 15 Individual Care Plan and Article 16 Therapeutic Services and programmes.

RECOMMENDATIONS 2012

1. The capital building/refurbishment programme must proceed in St. Dympna's Ward expeditiously.

2. Seclusion facilities must be of the standard set in the Rules Governing the Use of Seclusion.

3. Use of Mechanical Means of Bodily Restraint for Enduring Risk of Harm to Self or Others must be ordered in accordance with Part 5 of the Rules.

4. Each resident in the approved centre must have an individual care plan as defined in the Regulations.

5. Individual clinical files must be maintained to the standard required by the Regulations.

6. The approved centre should be compliant with the Code of Practice on Admission, Transfer and Discharge to and from an Approved centre.

7. There must be adequate provision made for the safe-keeping of all personal property and possessions.