

Report of the Inspector of Mental Health Services 2009

MENTAL HEALTH SERVICE	HSE Dublin North East
APPROVED CENTRE	Acute Psychiatric Unit, St. Aloysius Ward
CATCHMENT AREA	Dublin North Central (Mater Sector)
NUMBER OF WARDS	1
NAMES OF UNITS OR WARDS INSPECTED	St. Aloysius Ward
TOTAL NUMBER OF BEDS	15
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	28 April 2009

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

DESCRIPTION

St. Aloysius Ward was a small open unit located within the Mater Hospital complex. It had 15 beds covering in-patient facilities for one sector team with a population of 30,000 and a liaison service. The service served a population with high levels of deprivation and an extremely busy accident and emergency department. The problems with the design and layout of the ward had been well documented. This presented the service with real challenges in managing individuals who required care and treatment in more secure environments. In the absence of regional low secure beds the service frequently had to negotiate access to beds in St. Brendan’s Hospital, which often involved swapping patients between approved centres. On the day of inspection there were 15 residents, three of them involuntary patients and one absent without leave.

There were two consultant psychiatrists attached to the sector and a separate service with one liaison consultant psychiatrist and one academic consultant psychiatrist. There was a social worker, occupational therapist and community mental health nurses attached to the sector team. The team had no sector base and staff operate from a number of different sites.

Main access to the unit was by thoroughfare through the hospital kitchen area and through St. Bernard’s ward. There was a lift located outside St. Aloysius’s ward. The unit had a bright feel to it upon entering, having replaced the dark carpet tiles with a wooden-effect floor.

Since the last inspection a brief for a new acute unit based in the Mater Hospital had been developed. It will have 48 beds and serve the catchment area of Dublin North Central. The Inspectorate was informed about it, shown outline design briefs, and given a guided tour of the proposed redevelopment area to encompass existing wards that were to be transferred to the new hospital site.

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
St. Aloysius	10 5	10 5	General adult Liaison and academic

QUALITY INITIATIVES

- For the first time in 2.5 years there was a full complement of nursing staff in place.
- A number of improvements to the physical environment on the ward had been completed, including a wet room and new flooring.
- Integrated care plans were in use by the sector team.
- Undergraduate students in occupational therapy and social work had completed clinical placements as part of the sector team.
- A Wellness Recovery Action Plan (WRAP) group commenced in 2008 continued to be offered to service users and facilitated in a local community hall.
- A number of research projects on brain imaging and on psychosocial and psychiatric needs of migrants in receipt of mental health care had been accepted for publication in peer-reviewed journals. The later study was funded by the National Disability Authority.

PROGRESS ON RECOMMENDATIONS IN THE 2008 APPROVED CENTRE REPORT

1. Detailed plans and time scales for the completion of a new unit in the Mater Hospital must be submitted to the Inspectorate team.

Outcome: There was a detailed design brief for a new acute unit to serve the catchment of Dublin North Central, including psychiatry of later life. It was proposed to develop three 12-bed areas over two floors. The Inspectorate was given a guided tour of the proposed redevelopment area to encompass existing wards that were to be transferred to the new hospital site. Detailed drawings were not yet available. A subcommittee met regularly and reported to the joint management structure (executive management team) after each meeting. Construction work had commenced on the Mater site and the estimated date for completion of the Mater development was 2014.

2. The service must be compliant with the Regulations, Rules and Codes of Practice.

Outcome: The service was not compliant with all Regulations, Rules and Codes of Practice. A number of Rules were breached again for the second year running. They are detailed in more detail in the body of this report.

3. Each resident must have an individual care plan as defined in the Regulations.

Outcome: Not all residents had individual care plans as defined in the Regulations. The sector team was using an integrated care planning process.

4. A therapeutic space and programme must be provided. The programme should be based on assessed need and linked to the care plan.

Outcome: The activities area remains cramped and inadequate for the purpose it serves. The therapeutic programmes were not based on need and were not linked to each resident's individual care plan.

5. Structural work must be completed in a timely way and cause minimal disruption to the residents and staff.

Outcome: A number of structural improvements had taken place. There was one wet room installed and the floor covering in the hall and dining area had been replaced. The remaining work identified to upgrade the bathrooms had not progressed. This had been a recommendation since 2007.

PART TWO: EVIDENCE OF COMPLIANCE WITH REGULATIONS, RULES AND CODES OF PRACTICE, AND SECTION 60, MHA 2001

2.2 EVIDENCE OF COMPLIANCE WITH REGULATIONS UNDER MENTAL HEALTH ACT 2001 SECTION 52 (d)

Article 4: Identification of Residents

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

Justification for this rating:

Two registered psychiatric nurses (RPNs) administered medication. The resident's name was indicated verbally by one RPN and verified by the second RPN. Identity wristbands were worn by some residents who agreed to do so, but not all residents did, and the procedure was not enforced. Any resident receiving ECT wore an identification band on both their wrist and ankle before, during and after theatre.

Article 5: Food and Nutrition

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

Justification for this rating:

All residents had access to a filtered water dispenser in the dining area. The food arrived from the main hospital kitchen. There was a wide choice of food available from a menu card that the resident a day in advance. Special dietary requirements were catered for.

Article 6 (1-2) Food Safety

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

Justification for this rating:

The current food safety certificate was framed and displayed outside the unit's kitchen.

Article 7: Clothing

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

Justification for this rating:

Residents wore their own clothing. In any circumstance where a resident did not have an adequate supply of clothing, a relative was contacted to bring clothes in. In exceptional circumstances, the CNM2 of the unit had access to a small fund specifically to purchase any items of clothing that were deemed necessary. When these clothes were purchased, the resident kept them. One resident was in night clothes and this was indicated in the individual's clinical file.

Article 8: Residents' Personal Property and Possessions

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

Justification for this rating:

The service had a current policy on personal property and possessions in place. A record of personal property taken on admission was signed by the resident and was available to the resident. The record was maintained in the nursing file separate to the resident's individual care plan. Each resident had a wardrobe and bedside locker. Potentially hazardous items were kept securely by nursing staff. A safe was kept in the CNM2's office but residents were encouraged to send home any valuables with next of kin.

Article 9: Recreational Activities

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

Justification for this rating:

Books were available on a small book shelf in the corridor. A TV set was situated in the day room. A computer had been made available for residents who wished to use word processing, but was currently out of order. It was reported that additional funding from donations had been made available and would be used to purchase additional items.

There was an activity room on the unit with a small gym, a collapsible table for art work, but it was also used for a washing machine, dryer, microwave and fridge. The hoist was also stored here but was sometimes removed to the CNM2's office when the room was fully occupied.

Breach: Article 9

Article 10: Religion

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

Justification for this rating:

All religions were catered for adequately.

Article 11 (1-6): Visits

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

Justification for this rating:

Visiting times were displayed on the unit. Visitors were encouraged to come to the day room and not visit the bedside. The seminar room could be used if privacy was needed. Child visitors had to be accompanied by an adult.

Article 12 (1-4): Communication

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

Justification for this rating:

Residents had access to telephones and mobile phones and could send and receive mail. It was stated by the CNM2 that in exceptional circumstances, having due regard to the resident's well-being, safety and health, fax and email facilities could be used by a resident with direct supervision from a member of staff. The service had written operational policies and procedures on communication.

Article 13: Searches

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

Justification for this rating:

The service said that searches were rarely carried out and that it had written operational policies and procedures for carrying out searches with the consent of a resident and for carrying out searches in the absence of consent.

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

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

Justification for this rating:

The service was compliant and had appropriate facilities and policies in place.

Article 15: Individual Care Plan

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

Justification for this rating:

Residents under the care of the sector team had individual integrated care plans. Not all residents had individual care plans as defined in the Regulations. This deficit had been identified in a number of previous reports and plans submitted to address it. However there appeared to be inadequate acceptance of the process and minimal progress to report.

Each resident had a nursing care plan based on the Tidal Model of Care. A number were reviewed and were in order. There was evidence in the files of active medical reviews and interventions.

Breach: Article 15

Article 16: Therapeutic Services and Programmes

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

Justification for this rating:

There was no therapeutic programme in place that was linked to a care plan. A session was provided each week by the sector occupational therapist and social worker. Nursing staff facilitated groups where possible, but their duties might not always allow them to do so.

Therapeutic services and programmes were not linked to the resident's individual care plan.

Breach: Article 16 (1)

Article 17: Children's Education

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

Justification for this rating:

Educational services were not provided to child residents.

Breach: Article 17

Article 18: Transfer of Residents

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

Justification for this rating:

The service was fully compliant and had policies and procedures in place.

Article 19 (1-2): General Health

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

Justification for this rating:

There were written policies and procedures in place for responding to medical emergencies. The clinical files of two residents who were resident for a period greater than six months were examined. There was no evidence that the general health needs of these residents were assessed on a six-monthly basis.

Evidence that these had been completed was requested by the Inspectorate team and a system was developed to ensure ongoing compliance. A letter of confirmation was received.

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

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

Justification for this rating:

The service was compliant with all sub-sections of this Article and had written operational policies and procedures in place.

Article 21: Privacy

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

Justification for this rating:

Privacy curtains on collapsible rails were provided around all beds. There was adequate personal space around all beds. All the windows had curtains.

Article 22: Premises

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

Justification for this rating:

The premises were clean, well lit and ventilated. The carpet tiles had been removed from the unit's floor area and replaced with wood-effect floor. Routine maintenance was usually completed within a satisfactory time frame.

The risks that had been identified in the shower cubicles and which were discussed in the 2008 Inspectorate report had been neutralised.

Existing toilet and bathing facilities for residents were not wheelchair accessible and required upgrading, and, although the refurbishment plans for upgrading these facilities were shown to the Inspectorate, no work had progressed.

These facilities were in immediate need of upgrading as they were incorporated into the proposed new development.

Breach: Article 22 (3)

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

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

Justification for this rating:

The service had appropriate suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

Article 24 (1-2): Health and Safety

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

Justification for this rating:

The Mater Hospital had written operational policies and procedures.

Article 25: Use of Closed Circuit Television (CCTV)

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

Justification for this rating:

CCTV was used outside the unit for security purposes only. CCTV was used in the seclusion room. The monitor was kept above the door in the unit's nursing office. It did not have the facility to record and so was compliant with the Regulations. The use of CCTV within the seclusion room was clearly indicated on the door of seclusion. The service had a written policy and protocols describing the use of CCTV.

Article 26: Staffing

WARD	STAFF TYPE	DAY	NIGHT
Aloysius	RPN Occupational therapist Social worker Consultant psychiatrist	5 WTE (1 CNM2 and 4 Staff) 1 session a week 1 session a week 4	3 WTE Staff 0 0 on call

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

Justification for this rating:

The service had two procedures in place relating to the recruitment, selection and vetting of staff. Some staff were employed by the Mater Hospital while others were employed by the HSE. Senior nursing personnel were present during the day time and night duty nursing staff could seek advice from senior nursing personnel on campus, though these were usually not registered psychiatric nurses. Professional advice and guidance to night nursing staff could be obtained from the night duty CNM3 by telephone at St. Vincent's Hospital, Fairview. Staff had access to appropriate education and training. Copies of the Act, Rules, Regulations and Codes of Practice were kept in the CNM2's office and all staff had access to these. There was a full-time occupational therapist and social worker allocated to the sector team but no clinical psychologist. There was a ward clerk, housekeeper and domestic staff also on the ward.

Breach: Article 26 (2)

Article 27: Maintenance of Records

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

Justification for this rating:

The service had written policies and procedures and was compliant with this Article.

Article 28: Register of Residents

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

Justification for this rating:

The service was compliant.

Article 29: Operating Policies and Procedures

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

Justification for this rating:

There was a system in place for reviewing and updating policies. This was generally completed by the ADON and the sector consultant psychiatrist. The policies and procedures were current and compliant. A number were due for renewal later this year.

Article 30: Mental Health Tribunals

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

Justification for this rating:

The service was compliant with this Article. There was a suite of rooms available for tribunals at the end of the ward.

Article 31: Complaint Procedures

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

Justification for this rating:

The service had written operational policies and procedures that were compliant with this Article. The complaints procedure was in the residents' information leaflet and housed in a display case on the corridor. There was a nominated person to deal with complaints. Records of complaints were maintained.

Article 32: Risk Management Procedures

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

Justification for this rating:

A comprehensive risk management hospital policy was in place and was compliant with this Article. Individual risk assessments were compiled by the risk manager and procedures to act upon these were in place. In addition incidents were reported to the ADON.

All incidents were reported to the Mental Health Commission in line with the appropriate Code of Practice.

Article 33: Insurance

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

Justification for this rating:

The approved centre was covered by the Mater Hospital's insurance.

Article 34: Certificate of Registration

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

Justification for this rating:

The certificate of registration was framed and displayed inside the entrance to the unit.

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

SECLUSION

Use: The unit had one seclusion room, located on the corridor of the ward. It had CCTV camera for monitoring patients .It had a bathroom attached for exclusive use by occupants of the seclusion room. The files of two patients who had recently been in seclusion were reviewed. There was no patient in seclusion on the day of inspection.

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

Justification for this rating:

There were a number of deficiencies in the operation of seclusion in the unit. There was no evidence in the files reviewed that the patient was informed of the likely duration of seclusion. Neither was there evidence that the next of kin had been informed, or a note provided indicating the reason for not doing so.

It was not evident that the patient had had the opportunity for discussing the incident of seclusion with the multidisciplinary team. The location of the seclusion room was not suitable and staff reported that incidents had been recorded of patients potentially harming themselves by banging themselves off the hard walls of the room. In the case of one of the files reviewed, the majority of the clinical practice forms from the register had not been placed in the patient's file. There was no evidence that incidents of seclusion had been discussed by the multidisciplinary team. Staff had received training in manual handling and control and restraint.

Breach: Section 2.9, Section 2.10(a), Section 6.3, Section 7.3, Section 8.3, and Section 9.2.

ECT (DETAINED PATIENTS)

Use: The unit did not have an ECT suite and ECT was conducted in theatre in the general hospital. The files of one patient who had received ECT were reviewed.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	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	NOT APPLICABLE			
10	Materials and equipment	NOT APPLICABLE			
11	Staffing	X			
12	Documentation	X			
13	ECT during pregnancy	NOT APPLICABLE			

Justification for this rating:

There was a completed Form 16 patient's file that had no evidence of the patient's incapacity to consent to ECT. There was no evidence in the file of information being given to the patient in either oral or written form. The first discussion of ECT with the patient noted was some six days after ECT began. There was no evidence that ECT had been discussed with the patient beforehand or that it had been discussed with the next of kin. Records of the post-ECT assessments were evident in the file.

Breach: Section 2.1, Section 3.2, and Section 5.2(c),

MECHANICAL RESTRAINT

Use: Mechanical restraint was not routinely used on the ward. On a number of occasions Part 5 was invoked. On the day of inspection, one resident was mechanically restrained for enduring self-harming behaviour. The file was reviewed.

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

Justification for this rating:

The file reviewed did not contain an order for the use of a table-top and chair to prevent the free movement of the resident for self-harming behaviour.

There was no policy in place on the day of inspection. A policy was received following the Inspection on the 12 May.

The service was non-compliant in 2008 and there was no evidence to show that any attempt had been made to rectify the breach.

Evidence that this had been resolved was requested by the Inspectorate team. A letter was received on 12 May, including a copy of the note in the medical file. The prescription did not meet the requirements of the Rules.

Breach: Section 21.1 and Section 21.4.

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

PHYSICAL RESTRAINT

Use: Physical restraint forms were for the most part, fully completed, with the exception of the resident's PPS number, which was not always available. The service had a policy on restraint.

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

Justification for this rating:

It was not always evident from reading the file that the resident had been informed of the likely duration of restraint or that the next of kin had been informed. In one instance, the episode of restraint was recorded in the register but not in the resident's file. No child had been restrained.

Breach: Section 2.9, Section 2.10(a), and Section 5.1.

ADMISSION OF CHILDREN

Description: Two children had been admitted in 2009. There was a procedure in place for the admission and treatment of children, but it was not documented. There was no child in the centre on the day of inspection and no file was reviewed.

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

Justification for this rating:

The centre was in breach of Section 2.5. This adult unit was unsuitable for the provision of care and treatment to children.

Breach: Section 2.5

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: All incidents were recorded and monitored.

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

Justification for this rating:

There was a risk management procedure and policy in place. The hospital had systems in place to manage and audit trends. In addition the service submitted reports to the Mental Health Commission.

ECT FOR VOLUNTARY PATIENTS

Use: The file of one resident who had ECT was reviewed.

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

Justification for this rating:

There was a lack of evidence in the file of information given to the resident regarding ECT. This resident had received two sessions of ECT but four months later there was no record of the treatment in the Register.

Breach: Section 3.2, Section 11.1, and Section 11.3.

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: There was one detained patient to whom this Section applied. The file was reviewed.

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

Justification for this rating:

The file reviewed was in order.

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

Section 61 did not apply as no child had been admitted under Section 25.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

A number of service users were spoken to informally during the visit. One service user spoke individually to a member of the Inspectorate team and was satisfied with the care and treatment provided.

OVERALL CONCLUSIONS

The unit had a number of access or referral points, a poor design and layout, and limited team, resources all of which had been acknowledged and there was active work being done to advance these issues and plan for the future. A subcommittee was meeting regularly to advance the project and reports to the joint management structure (executive management team) after every meeting.

It was disappointing to note that for the past three inspection reports there had been only minimal improvement noted in the provision of individual care plans and therapeutic programmes. Non-compliance with the Rules on the use of mechanical restraint, seclusion and ECT was of concern and was in breach of the rights afforded to residents as part of the Mental Health Act 2001.

The centre was compliant with 25 out of 30 Regulations. Since 2008 some improvements were noted in the environment, provision of information and the provision of sessional input to the ward by the social worker and occupational therapist. All of the required policies and procedures required by law were located in a single file and easy to retrieve and find. The provision of student clinical placements to social work and occupational therapy students was welcomed.

RECOMMENDATIONS 2009

1. There must be a commitment by all staff attached to the approved centre to comply with the requirement of the Regulations, Rules and Codes of Practice under the Mental Health Act 2001.
2. The use of mechanical restraint (Part 5) within an approved centre under the Mental Health Act 2001 must be in compliance with the Rules.
3. If adult units are used of necessity to admit children, they must be in compliance with Section 2.5 of the Code of Practice.
4. Each resident must have an individual care plan as defined with specific goals.
5. There must be an appropriate mix of staff in place to provide a therapeutic programme that is linked to an individual care plan.
6. Plans to redevelop the ward and new areas to provide acute in-patient service for the catchment must continue.