

Report of the Inspector of Mental Health Services 2010

EXECUTIVE CATCHMENT AREA	Dublin North Central/North West Dublin
HSE AREA	Dublin North East
CATCHMENT AREA	Dublin North Central
MENTAL HEALTH SERVICE	Dublin North Central – Mater Section
APPROVED CENTRE	St. Aloysius Ward, Mater Misericordiae University Hospital
NUMBER OF WARDS	1
NAMES OF UNITS OR WARDS INSPECTED	St. Aloysius Ward
TOTAL NUMBER OF BEDS	15
CONDITIONS ATTACHED TO REGISTRATION	Yes
TYPE OF INSPECTION	Announced
DATE OF INSPECTION	7 July 2010

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

INTRODUCTION

In 2010, the Inspectorate paid particular attention to Articles 15 to 22 and 26 of the Mental Health Act 2001 (Approved Centres) Regulations 2006 and all areas of non-compliance with the Regulations in 2009 and any other Article where applicable. The Inspectorate was keen to highlight improvements and initiatives carried out in the past year and track progress on the implementation of recommendations made in 2009. Information was gathered from self-assessments, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

St. Aloysius Ward was a 15-bed unit located on the ground floor of the Mater Hospital complex. Access to the unit was convoluted and via the adjacent St. Bernard's ward, or the main hospital thoroughfare and the hospital kitchen area. There was also an entrance opening directly onto the unit from a yard area and this had been used to facilitate emergency admissions. This entrance, which led to a small hallway and door opening onto the unit, might have afforded convenience and privacy for admissions in general and could have been enhanced by a tidying up, signage and landscaping. Regrettably, this ground floor unit did not have direct access to an outdoor space or garden. Refurbishment within the unit had rendered a bright and modern environment, with modern furnishings.

The proposed new 48 bedded acute mental health unit in the Mater Hospital remained at the planning stage, with a design brief having been completed. One of the sector consultant psychiatrists chaired the Mater Acute Unit sub-committee with input to the Mater Hospital management team. The sector served an area with high levels of deprivation and the liaison team covered the hospital including its very active Emergency Department. The service expressed concern about bed capacity within the sector in relation to the admission of children and the admission of individuals with a need for a more secure therapeutic environment.

On the day of inspection there were 10 residents, two of whom were detained. One resident was in seclusion.

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
St. Aloysius Ward	15	10	2 General Adult Teams (10 beds) 1 Liaison Team and 1 Academic Team (5 beds)

QUALITY INITIATIVES

- Medical staff had carried out and published two studies: a sector wide study evaluating service user knowledge and satisfaction with the outpatient psychiatric service; and a service user perspective and evaluation on written information on bipolar affective disorder.
- It was reported that nursing staff had produced a wallet sized laminated card which provided guidelines to doctors on the involuntary admission of persons to St. Aloysius' ward.
- A Clinical Nurse Manager 2 participated in the Innovative Clinical Leaders change programme which was run by the Mater Misericordiae University Hospital.

PROGRESS ON RECOMMENDATIONS IN THE 2009 APPROVED CENTRE REPORT

1. There must be a commitment by all staff attached to the approved centre to comply with the requirements in the Regulations, Rules and Codes of Practice under the Mental Health Act (2001).

Outcome: The service stated that all staff was committed to complying with the requirements in 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.

Outcome: The approved centre was compliant with the Rules in relation to mechanical restraint.

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.

Outcome: The approved centre strove not to admit children except as a last resort and in the best interests of the child. The approved centre remained unsuited to the admission of children.

4. Each resident must have an individual care plan as defined in the Regulations, with specific goals.

Outcome: In the clinical files inspected, all residents had an individual care plan; however, this was not contained in one composite set of notes. In some instances the identity of the signatory was not evident.

5. There must be an appropriate mix of staff in place to provide a therapeutic programme that is linked to an individual care plan.

Outcome: The approved centre did not have an adequate planned and scheduled therapeutic programme. The once weekly scheduled input by the sector occupational therapist was not sufficient to meet need as identified in individual clinical files. Individual therapeutic intervention was provided.

6. Plans to redevelop the ward and new areas to provide acute in-patient service for the catchment must continue.

Outcome: The proposed new 48-bed acute mental health unit in the Mater Hospital remained at the planning stage, with a design brief having been completed. There was refurbishment underway of lavatories and shower rooms within the ward.

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

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

Article 4: Identification of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 5: Food and Nutrition

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Justification for this rating:

Food was prepared in and delivered from the main hospital kitchen and a varied and attractive three weekly menu cycle was provided. Residents greeted by the Inspectorate could not recall what they were due to have for lunch that day and the kitchen staff stated that staff ordered a selection of meals on the residents' behalf. The approved centre might have bolstered residents' autonomy by posting a menu in the dining room. Residents welcomed the availability of fresh fruit.

Article 6 (1-2): Food Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 7: Clothing

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		X
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

One resident was attired in nightclothes owing to insufficient personal clothing. The approved centre had made no provision to supply appropriate individualised clothing.

Breach: 7.1

Article 8: Residents' Personal Property and Possessions

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 9: Recreational Activities

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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	X
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

The approved centre did not have any identified resources or plan to support recreational activities. There was no budget, no staff and no ring-fenced time identified to provide recreational activities to residents.

At the time of inspection, residents were variously walking the corridor, drinking beverages, watching television and several were lying in bed. Residents expressed dissatisfaction resulting from boredom and a desire for more activity within the approved centre, especially at week-ends.

Space was limited in the approved centre, with no access to an open space. A dining-cum-sitting room was the main area available for congregation. The room had been attractively refurbished with modern furniture but it was sparse in terms of any recreational materials or opportunity.

There was an activity room in the approved centre which curiously contained a washing machine and a dryer. Laundry appeared to be the primary purpose and activity for which this room was used. The room also contained a punch bag, microwave and flip chart. Nursing staff said that they endeavoured to provide activities such as word games and art activities.

Breach: 9

Article 10: Religion

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 11 (1-6): Visits

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 12 (1-4): Communication

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 13: Searches

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 15: Individual Care Plan

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>	X	
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

The approved centre had individual care plans (ICP's) in place. The ICP was not contained in a single set of composite notes. There was evidence of active and comprehensive medical reviews. The multidisciplinary team reviewed and updated the ICP on a weekly basis. The ICP did not clearly identify the signatories or their discipline.

Breach: 15

Article 16: Therapeutic Services and Programmes

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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	

Justification for this rating:

The approved centre did not provide any scheduled or structured therapeutic services and programmes linked to individual care plans. At the time of inspection, there was no therapeutic services and programme taking place. Residents appeared to be aimlessly walking the corridor, drinking beverages, watching television and a significant number were lying in bed.

There was no plan in place for the provision of psycho-education, or any of the plethora of evidence-based psychotherapeutic programmes, creative therapies or recovery oriented approaches. Staff indicated that the average bed occupancy was approximately 12. This number of residents might typically have constituted a viable group for therapeutic purposes. The lack of provision of an agreed and scheduled therapeutic programme represented a lost opportunity for residents whilst hospitalised.

The activity room was the space allocated for therapy. The room was untidy, with art work strewn on work surfaces. There was a microwave but no cooker to facilitate either assessment or therapy in the area of activities of daily living (ADL). An examination of the equipment in cupboards gave the impression of limited levels of activity. The sector occupational therapist provided one session per week to the unit. A review of individual clinical files indicated that this level of occupational therapy input was insufficient to meet identified needs.

Nursing staff stated that there were no programmes such as Wellness Recovery Action Plan (WRAP) or similar being run in the unit.

The individual care plans in the clinical files examined, identified individual interventions which were required. These were delivered on an individual basis to residents, for example, reacclimatising to being out in the community, family work, liaising to facilitate placement. The clear linking of individual intervention to the stated need in the individual care plans merited an evaluation of "compliance initiated".

Breach: 16(1), (2).

Article 17: Children's Education

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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	

Justification for this rating:

The approved centre strove not to admit children if possible, and only did so if in the best interests of the child.

Article 18: Transfer of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Justification for this rating:

The approved centre had a policy on the transfer of residents.

Article 19 (1-2): General Health

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Justification for this rating:

There was one resident who had been on the ward for more than six months and a physical review had been carried out and recorded in the individual clinical file.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Justification for this rating:

Information was provided to residents on mental illness and medication. Nursing staff stated that they printed off consumer information from the Royal College of Psychiatrists' web-site as required by residents.

The approved centre might have enhanced this aspect of its service by utilising the shelving in the day room to provide additional information or a self-help library.

Article 21: Privacy

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Justification for this rating:

There were curtains around all beds and on the windows in dormitories. Bathrooms afforded privacy. Residents had bedside robes and lockers and additional storage space for personal belongings.

Article 22: Premises

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>	X	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>		

Justification for this rating:

Refurbishment work was underway in the lavatories and shower rooms. Facilities on the day of inspection were limited in number and were not wheelchair accessible.

Breach: 22 (3)

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 24 (1-2): Health and Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 25: Use of Closed Circuit Television (CCTV)

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
St. Aloysius Ward	Nursing staff including a CNM 2	5	3
	Consultant Psychiatrist	4	There is one on-call consultant psychiatrist at night.
	Allied Health Professionals - Occupational therapy - Social work - clinical psychology - Creative therapy	0 .2 sessional 0.2 sessional 0 0	
	Support staff - Activities co-ordinator - OT assistant - Social care assistant - Ward clerk	0 0 0 1	

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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	X

Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
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Justification for this rating:

There was an insufficient number of staff and skill mix of staff appropriate to the assessed needs of residents, the size and layout of the approved centre.

Breach: 26 (2)

Article 27: Maintenance of Records

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 28: Register of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 29: Operating policies and procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		X
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

The risk management policy did not address the specific requirements of the Regulations.

Breach: 29

Article 30: Mental Health Tribunals

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 31: Complaint Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 32: Risk Management Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		X
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

There was a risk governance group and a risk management committee in operation. The approved centre had a policy on risk management; however, it did not meet the requirements of the Regulations.

Breach: 32 (2)

Article 33: Insurance

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 34: Certificate of Registration

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

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

SECLUSION

Use: One patient was in seclusion on the day of inspection. The patient's clinical file was examined. The seclusion register was examined. The resident in seclusion was unobtrusively observed by the Inspectorate in the company of a member of the nursing staff.

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

Justification for this rating:

The resident's seclusion had been renewed for the fifth time. There was evidence in the clinical file that the duty consultant psychiatrist had examined the resident after 24 hours of continuous seclusion. There was evidence that the resident's next-of-kin had been informed of the seclusion or no documented reason why this had not occurred. There was documentary evidence in the clinical file of continuous communication with the resident concerned. A written record of the resident was being maintained by the registered nurse at least every fifteen minutes. There was documentary evidence of two-hourly reviews by nursing staff and four-hourly medical reviews. The reasons why seclusion had been repeatedly used were documented. The seclusion facilities were not inspected. The centre had a policy on seclusion. A record of training in relation to seclusion was maintained and examined.

ECT (DETAILED PATIENTS)

Use: The unit did not have an ECT suite and ECT was conducted in theatre in the general hospital. No patient was undergoing a course of ECT. The ECT register was examined.

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

Justification for this rating:

Appropriate information on ECT was available. There was a named consultant with overall responsibility for ECT.

MECHANICAL RESTRAINT

Use: Mechanical Means of Bodily Restraint was not used at the approved centre. No resident was undergoing mechanical restraint under Part 5 of the Rules. The approved centre had a policy.

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

PHYSICAL RESTRAINT

Use: Physical restraint was used at the centre.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
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:

The clinical file of one resident who had been recently restrained was examined. The Clinical Practice Form book was examined. The approved centre was compliant.

ADMISSION OF CHILDREN

Description: No child was currently resident at the approved centre. One child had been admitted to the approved centre this year up to the date of inspection. This child had been detained under Section 25 of the Mental Health Act (2001). The clinical file was requested to be brought to the Inspectorate from the Medical Records Department. The approved centre only admitted children as a last resort and in the best interests of the child and was keen to highlight a lack of bed capacity for children within the region.

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

Justification for this rating:

The child had been admitted for a period of three weeks. The documentation in the clinical file was satisfactory. There was a policy on the admission of children.

The approved centre was not suited to the admission of children.

Breach: 2.5

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: The approved centre supplied a six-monthly summary report of all incidents occurring in the approved centre to the Mental Health Commission. No deaths had been reported.

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:

A record of incidents was examined. The approved centre had a policy on risk management; however, it did not meet the requirements of the Code of Practice.

Breach: 4

ECT FOR VOLUNTARY PATIENTS

Use: The unit did not have an ECT suite and ECT was conducted in theatre in the general hospital. No patient was undergoing a course of ECT. The ECT register was examined.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	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	NOT APPLICABLE			
12	Staffing	X			
13	Documentation	NOT APPLICABLE			
14	ECT during pregnancy	NOT APPLICABLE			

Justification for this rating:

Appropriate information on ECT was available. There was a named consultant with overall responsibility for ECT.

ADMISSION, TRANSFER AND DISCHARGE

Description: The approved centre admitted and discharged patients. It was reported that no patients had been recently transferred in or out of the approved centre.

Part 2 Enabling Good Practice through Effective Governance

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
	X		

Justification for this rating:

The approved centre had policies on the admission, transfer and discharge of residents. The service used an evidence based risk management tool but its risk management policy did not meet the requirements of the Regulations.

Breach: 7.1

Part 3 Admission Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
X			

Justification for this rating:

The approved centre had a policy on individual care plans. Several clinical files were examined and the admission criteria were compliant. The pre-admission process was compliant. The decision to admit was documented. There was evidence of assessment following admission, including a risk assessment and a preliminary individual care plan which was reviewed by the multidisciplinary team. There was evidence of family involvement. There was evidence of multidisciplinary team involvement. The resident had a key worker. The resident had an individual care plan.

Part 4 Transfer Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
X			

Justification for this rating:

It was reported that no patient had been recently transferred in or out of the approved centre. The approved centre had a policy on transfer.

Part 5 Discharge Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
X			

Justification for this rating:

One clinical file was examined. The decision to discharge was documented. The resident had had a key worker. There was evidence of family involvement. There was evidence of follow-up care.

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

Description: One resident had an intellectual disability and mental illness.

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
	X		

Justification for this rating:

The resident had an individual care plan that was signed by him. There was evidence that the resident was reasonably independent and communication with him was satisfactorily documented in the resident’s clinical file. There were no restrictive practices used. There were no policies and protocols that reflected the principles contained in this Code of Practice. Education and training to support the principles and guidance in this Code of Practice was not provided.

Breach: 5, 6.

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: One patient had been detained for a period in excess of three months.

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

Justification for this rating:

The resident's clinical file was examined. The resident had been unwilling to give consent to the continued administration of medication and the appropriate form specified by the Mental Health Commission had been completed.

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

Description: This was not applicable on the day of inspection.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

Two service users requested to be seen by the Inspectorate and their comments had been reflected in this report.

MEDICATION

The prescription sheets were in booklet format and were easy to follow. Most signatures were legible. PRN (as required) medication was separate from regular medication. No indications for PRN medication were given. Although the number of prescriptions was small 73% were prescribed either regular or PRN benzodiazepines.

MEDICATION ACUTE

NUMBER OF PRESCRIPTIONS:	11
Number on benzodiazepines	8
Number on more than one benzodiazepine	2
Number on regular benzodiazepines	3
Number on PRN benzodiazepines	8
Number on hypnotics	8
Number on Non benzodiazepine hypnotics	6
Number on antipsychotic medication	8
Number on high dose antipsychotic medication	2
Number on more than one antipsychotic medication	5
Number on PRN antipsychotic medication	6
Number on antidepressant medication	3
Number on more than one antidepressant	2

Number on antiepileptic medication	2
Number on Lithium	0

OVERALL CONCLUSIONS

The executive management team for Dublin North Central had agreed a brief for a new acute unit on the campus of the Mater Hospital. This had been submitted to the National Director for Mental Health services and had been included in the Health Service Executive development plan. One of the sector consultant psychiatrists chaired the Mater Acute-Unit committee and onsite planning was due to start in 2011, with an expected completion date of 2016.

Despite St. Aloysius Ward being situated on the ground floor and directly overlooking a garden, residents had no immediate access to an outdoor space or garden. The advocates had reported in a written submission that residents “would like to be able to go outside to get fresh air/see the sky”. The approved centre was keen to point out that plans for the new unit included access to a garden for all residents.

The approved centre had one activity room which appeared to double up as a laundry room cum space for activities and therapeutic intervention. This arrangement reflected practice and the apparent primacy placed on psychosocial interventions. The service did not provide a range of appropriate therapeutic services and programmes. Feedback from residents on the day, and in a written submission from advocates said that residents valued social work and occupational therapy (OT) input and would like more OT. The catchment area served by this approved centre had a high social deprivation index and a large homeless population, therefore, the need for health and social care professionals had long been indicated. A review of therapeutic needs within the approved centre and the experience of mounting programmes might usefully inform decision-making in planning facilities for the proposed new acute unit.

The catchment area, in addition to having pockets of high social deprivation and a large homeless population, also had a significant number of service users with a forensic history. The liaison team covered the Mater Hospital which had one of the busiest Emergency departments in the country. Staff endeavoured to provide a continuum of care for St. Aloysius’s residents and to develop community resources. It was heartening, therefore, to hear staff say that there was a good relationship between the sector teams and services, the Health Service Executive and social care agencies.

RECOMMENDATIONS 2010

1. The approved centre should provide access to fresh air and to the garden directly outside.
2. Senior management must take appropriate steps to ensure the provision of therapeutic services and programmes and psychological therapies as befits a modern mental health facility within a teaching hospital.
3. Senior management must identify how best to support and enhance recreational opportunities and activities in the approved centre, particularly at week-ends, so as to offset the dissatisfaction resulting from boredom as expressed by residents.
4. Individual clinical files must comprise a single composite file.
5. The individual care plans should clearly record the identity and role of the signatory.
6. The approved centre’s risk management policy must meet the requirements of the Regulations.