

Report of the Inspector of Mental Health Services 2012

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Independent Sector
HSE AREA	Independent Sector
MENTAL HEALTH SERVICE	Independent
APPROVED CENTRE	St. Patrick's University Hospital
NUMBER OF WARDS	8
NAMES OF UNITS OR WARDS INSPECTED	Stella Kilroot Dean Swift Delaney Temple Centre Vanessa Grattan
TOTAL NUMBER OF BEDS	238
CONDITIONS ATTACHED TO REGISTRATION	None
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	20, 21 November 2012

Summary

- St. Patrick's University Hospital was compliant with all Rules and Articles of the Regulations that were applicable. In this they maintained the high standard of care that was evident in 2010 and 2011.
- There were a number of excellent initiatives including a beautifully designed family visiting room, nursing intervention process and the therapeutic leave treatment plan.
- The quality and extensive range of information and education for service users and carers is a very good example of good practice.
- The individual care plans, admission and discharge process and the wide range of therapeutic services and programmes were excellent. This was borne out in what service users stated to the inspectors.

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. Patrick's University Hospital was located in Dublin and was a large independent not for profit hospital and accepted admissions from all over the country. It was built 260 years ago but with ongoing maintenance and refurbishments it had remained in excellent condition. The service also had community mental health teams located in Dublin, Galway and Cork. It provided ongoing public and academic education programmes. As well as general adult services it offered dedicated programmes for eating disorders and addiction problems.

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	30	30	29
Substantial Compliance	0	0	0
Minimal Compliance	0	0	0
Not Compliant	0	0	0
Not Applicable	1	1	2

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
Dean Swift	31	31	General Adult
Delaney	32	31	General Adult
Kilroot	31	29	General Adult
Stella	31	31	General Adult
Vanessa	33	31	Psychiatry of Old Age General Adult
Grattan	35	34	General Adult
Temple Centre	38	37	Substance Abuse General Adult
Eating Disorder Programme	7	7	Eating Disorder Team

QUALITY INITIATIVES 2011/2012

- The therapeutic leave treatment plan had been developed as part of the residents' journey to discharge. This was an excellent initiative and formed a vital part of residents' care plans.
- A pilot programme of providing leave medication by the pharmacist was ongoing in Stella.
- An education programme for preventing relapse and promoting wellness had been developed and a booklet made available.
- The catering department had achieved the Food Safety Assurance Award and became the first hospital in Ireland to do so.
- A multidisciplinary working group had been established to improve the key working process and individual care planning.
- A nursing intervention initiative was developed to strengthen and standardise nursing inputs and interventions. This was evident on inspection of clinical files.
- The family visiting room, The Wishing Well, was constructed with an excellent design and was safe and comfortable.
- A Wandering Alert system was developed for elderly confused resident in order for them to experience the least restrictive environment and at the same time to ensure their safety. This was evident on Vanessa.
- Outdoor gym equipment had been installed in the hospital grounds.

- The hospital published an Outcome Measures Report for 2011. This report collated, analysed and synthesised information relating to hospital outcomes, with respect to its clinical care pathways, clinical governance processes and clinical processes.

PROGRESS ON RECOMMENDATIONS IN THE 2011 APPROVED CENTRE REPORT

There were no recommendations made in 2011.

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

Justification for this rating:

Residents were identified, with their consent, by photographs on their clinical files. Two staff administered medication.

Article 5: Food and Nutrition

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

Justification for this rating:

Fresh drinking water was available throughout the hospital. There was a menu displayed and a choice of food for each meal. The menu contained healthy options.

Article 6 (1-2): Food Safety

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

Justification for this rating:

The environmental health officer's report was available. There was evidence that any deficits had been rectified. All kitchen areas were clean.

Article 7: Clothing

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

Justification for this rating:

Clothing was available if required. No resident was in their night attire.

Article 8: Residents' Personal Property and Possessions

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

Justification for this rating:

There was a policy on personal property and possessions. A property list was maintained for each resident. Individual safes were provided for valuables. A property store was located on each unit for larger items.

Article 9: Recreational Activities

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

Justification for this rating:

There was a wide range of recreational activities provided. This included a number of activities available after office hours and at week-ends (Twilight Club). Each unit had at least one television, DVD player, radio, books and games. A shop stocked newspapers.

For residents in Dean Swift who were not allowed to leave the unit, the inspectors would suggest that a daily newspaper be delivered to the unit.

Article 10: Religion

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

Justification for this rating:

All religions were facilitated. There was a chaplain appointed to the approved centre.

Article 11 (1-6): Visits

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

Justification for this rating:

Visiting times were flexible outside programme times and mealtimes. An excellent family visiting room had been constructed, known as the Wishing Well. It was cleverly designed to amuse children of all ages while they were visiting, and had comfortable well designed fittings and furnishings. Other areas were available in the hospital for visiting which were private.

There was a policy with regard to visiting.

Article 12 (1-4): Communication

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

Justification for this rating:

Mobile phones were allowed in the approved centre. Mail was sent and received without being opened by staff. Public phones with privacy coverings were available. Computers were available for residents use within the approved centre.

There was a policy regarding communication.

Article 13: Searches

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

Justification for this rating:

There was a policy regarding searches with and without consent. There was also a policy on the finding of illicit substances. Staff were aware of this policy.

No resident had been searched since January 2012 to the date of inspection.

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

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

Justification for this rating:

There was a policy on care of the dying. Deaths were notified to the Mental Health Commission. Single rooms were available in the event of a resident dying.

Article 15: Individual Care Plan

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

Justification for this rating:

Each resident had an individual care plan. These were regularly reviewed at the multidisciplinary team meetings. There was evidence of multidisciplinary involvement. Each care plan specified need, goal, actions, nominated staff for actions and outcome. There was a residents' expectation sheet where residents were able to have input into their care plan. Residents signed their care plan. Residents who spoke to the inspectors were aware of their individual care plan.

Article 16: Therapeutic Services and Programmes

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

Justification for this rating:

There was an excellent range of tailored therapeutic services and programmes. Among others, there were specific programmes for eating disorders, depression, anxiety, obsessive compulsive disorder, an older person's programme and addictions. There was adequate access to occupational therapy, social work, psychology and cognitive behavioural therapy.

Article 17: Children's Education

Children were not admitted to the approved centre. Children were admitted to Willow Grove, a child and adolescent approved centre adjacent to St. Patrick's Hospital.

Article 18: Transfer of Residents

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

Justification for this rating:

There was a policy on the transfer of residents. It was obvious that all relevant information accompanied the residents on transfer. The decision to transfer was made by the consultant psychiatrist and in conjunction with the multidisciplinary team where possible.

Article 19 (1-2): General Health

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

Justification for this rating:

Very few residents were in hospital for longer than six months. One clinical file of a resident who was in hospital in excess of six months was examined. There was a thorough physical examination completed. Each resident had a physical examination on admission and if required subsequent to this.

There was a policy regarding medical emergencies.

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

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

Justification for this rating:

The provision of information was of an extremely high standard. As well as an information pack on admission, residents could visit a dedicated area where a wide range of information was available both in hard copy and on computer. This included information on diagnosis and medication. There was also information for children and families who had a parent who had a mental illness.

There were notices throughout the hospital outlining psycho-education classes, Recovery Groups and activity programmes.

Details of advocacy were displayed throughout the hospital.

There was a policy on the provision of information.

Article 21: Privacy

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

Justification for this rating:

On the day of inspection it was evident that privacy was respected in all units.

Article 22: Premises

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

Justification for this rating:

The condition of the approved centre was good. Renovations were ongoing in some units which would deliver increased space.

The hospital was very clean and well decorated. Furniture and fittings were appropriate and in good condition.

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

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

Justification for this rating:

There was a policy on the ordering, prescribing, storing and administration of medication. Prescription sheets were in good order and clearly written.

Article 24 (1-2): Health and Safety

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

Justification for this rating:

A Health and Safety Statement was available.

Article 25: Use of Closed Circuit Television (CCTV)

CCTV was not used in the approved centre.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Stella	CNM1 or 2	1	0
	RPN	4	2
Dean Swift	CNM1 or 2	3	1
	RPN	6	5
Kilroot	CNM1 or 2	1	0
	RPN	4	2
Delaney	CNM1 or 2	1	0
	RPN	4	2
Vanessa	CNM1 or 2	2	0
	RPN	4	3
Eating Disorder Unit	CNM1 or 2	0	0
	RPN	2	1
	Advanced Nurse Practitioner	0.5	
	Clinical Nurse Specialist	1	
Temple Centre	CNM1 or 2	1	0
	RPN	4	2
Grattan	CNM1 or 2	1	0
	RPN	4	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	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There were at least one social worker, occupational therapist and psychologist on each clinical team. Each unit had appropriately qualified nursing staff in each unit. There were policies relating to the recruitment, selection and vetting of staff. Induction programmes were held for all staff. There was an ongoing assessment of training and education needs by relevant heads of department. There was an allocated budget for training. The training records of all staff were available to the inspectors and were in order.

Article 27: Maintenance of Records

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

Justification for this rating:

The standards of record keeping was high. Records were in good order and were easily retrieved. A fire inspection documentation and the Environmental Health Officer's report were available on the day of inspection.

There was a policy on the creation of, access to, retention of, and destruction of records.

Article 28: Register of Residents

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

Justification for this rating:

The Register of Residents was in compliance with this Article.

Article 29: Operating policies and procedures

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

Justification for this rating:

All policies and procedures were up to date.

Article 30: Mental Health Tribunals

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

Justification for this rating:

Mental Health Tribunals were facilitated.

Article 31: Complaint Procedures

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

Justification for this rating:

The procedure for making a complaint was clearly identified to residents. Complaints were made in writing, posted in a secure box in each unit and were collected by the complaints officer. A very detailed register of complaints was maintained and actions clearly outlined. Staff could also make complaints and suggestions through this method. There was a nominated complaints officer in the approved centre.

Article 32: Risk Management Procedures

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

Justification for this rating:

The risk management policy was in full compliance of this Article.

Article 33: Insurance

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

Justification for this rating:

The insurance certificate was available.

Article 34: Certificate of Registration

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

Justification for this rating:

The Certificate of Registration was prominently displayed.

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

SECLUSION

Seclusion was not used in the approved centre and there was a policy in place which reflected this.

Electroconvulsive Therapy (ECT) (DETAILED PATIENTS)

Use: ECT was administered in the approved centre. No detained patient was receiving ECT at the time of inspection.

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 was well laid out, with plenty of space. There was a private waiting area, treatment room and recovery room. All equipment, protocols and drugs were in place. There was a named consultant psychiatrist for ECT and a dedicated trained ECT nurse.

The information booklet was excellent. There was a very good information pack which was being up-dated.

The Administration of ECT was accredited by the Royal College of Psychiatrists ECT Accreditation Service and had recently been judged to be first out of 112 other ECT centres in Ireland and the United Kingdom. The approved centre in conjunction with Trinity College also carried out ongoing research into ECT.

MECHANICAL RESTRAINT

Use: No resident was being mechanically restrained at the time of inspection. There was a policy on mechanical restraint.

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

PHYSICAL RESTRAINT

Use: Physical restraint was used in the approved centre.

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:

The Clinical Practice Form Book in the Dean Swift Unit was inspected and all documentation was of a good standard and in order. The individual clinical file of two residents who had been physically restrained were inspected and in both instances, next of kin had been informed, the multidisciplinary teams had reviewed the incident of restraint with the resident and a physical examination had been completed within the specified time frame. The policy on physical restraint was up to date and staff training in the therapeutic management of violence and aggression had been completed.

ADMISSION OF CHILDREN

Children were not admitted to the approved centre.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: One death had been notified to the Mental Health Commission since January 2012 to the date of inspection.

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

Justification for this rating:

Deaths and incidents were notified to the Mental Health Commission. There was an identified risk manager. A record of incidents was maintained and available to the inspectors. This record was excellent in its detail and the clear tracking of review by senior clinicians and management and actions taken.

Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS

Use: ECT was administered in the approved centre. St. Patrick's Hospital also provided ECT for other approved centres.

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

Justification for this rating:

The ECT suite was well laid out, with plenty of space. There was a private waiting area, treatment room and recovery room. All equipment, protocols and drugs were in place. There was a named consultant psychiatrist for ECT and a dedicated trained ECT nurse.

The information booklet was excellent. There was a very good information pack which was being updated. Documentation was in order.

The Administration of ECT was accredited by the Royal College of Psychiatrists ECT Accreditation Service and had recently been judged to first out of 112 other ECT centres in Ireland and the United Kingdom. The approved centre in conjunction with Trinity College also carried out ongoing research into ECT.

One resident in another approved centre had received ECT in St. Patrick's Hospital with a completed Form 16 (Treatment Without Consent ECT Involuntary Patient Adult). This Form 16 had been

completed in the other approved centre and accompanied the resident to St. Patrick's Hospital when that resident attended for ECT.

Following completion of this resident's ECT, St. Patrick's Hospital were then informed by the other approved centre that this resident was not, in fact, detained as an involuntary patient, and was actually a voluntary patient who had therefore received ECT without consent.

This was clearly documented in St. Patrick's Hospital incident log following the incident and was immediately reviewed. Protocols had now been put in place to ensure that all residents and involuntary patients from other approved centres who had been prescribed ECT would be admitted to St. Patrick's Hospital prior to receiving ECT.

Breach: 4.1

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:

There were policies on admission, transfer and discharge. The approved centre was compliant with Articles 8 and 32 of the Regulations on Personal Property and Risk Management.

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:

Each resident’s referral pathway was carefully documented. The admission procedure was of good quality. There were good psychiatric admission records and physical examinations were completed in all cases. Each resident had a risk assessment. Nursing admission documentation was excellent. There was evidence of early multidisciplinary review and each resident had an individual care plan and key worker. The approved centre was compliant with Articles 7 and 8 of the Regulations on Clothing and Personal Property and Possessions, Article 20 on the Provision of Information to Residents and Article 27 on the Maintenance of Records.

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 was compliant with Article 18 of the Regulations in respect of Transfer of Residents. All relevant information accompanied the resident. The decision to transfer was made by the consultant psychiatrist in conjunction with the multidisciplinary team.

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 discharge process was excellent. Discharge planning was part of the individual care plan. The multidisciplinary team were involved in the plan for discharge. There was evidence that contact was made with the referring team prior to discharge and follow-up arranged. Discharge summaries were sent to the referring teams.

Prior to discharge the residents could attend a pre-discharge group.

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

People with an intellectual disability and mental illness were not admitted to the approved centre and there was a policy stating this.

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: No detained residents were in hospital for more than three months so section 60 did not apply.

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

Children were not admitted to the approved centre.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

The inspectors spoke with a number of residents during the inspection. Most were pleased with their care and were aware of their individual care plan and felt they had an input into it. One resident felt that they did not input into their care plan. However an examination of the clinical file showed that the resident's view of their care plan was extensively documented.

All residents who spoke with the inspectors praised the recreational and therapeutic activities and programmes.

The independent advocate for residents spoke with the Inspectorate and stated that advocacy was well supported within the approved centre and that residents were generally satisfied with care, treatment and environment. The advocate visited the Dean Swift Unit weekly and other units as required.

OVERALL CONCLUSIONS

St. Patrick's University Hospital maintained its high quality of care and treatment in 2012. It was compliant again in 2012 with all Articles of the Regulations and Rules where applicable. A number of new initiatives were undertaken including the provision of a family visiting room and a therapeutic leave treatment plan. There was ongoing ECT research and achievement of first place in ECTAS accreditation of ECT centres in the United Kingdom and Ireland. Protocols were now in place to address the issue of referred residents and patients for ECT from other approved centres. Refurbishment of the hospital was ongoing.

Staff were very positive and enthusiastic and working hard to achieve a quality service. The catering and household staff appeared to be an integral part of the service and it was nice to see them engage in a very positive way with residents. Residents appeared very satisfied with their treatment and were part of the care planning progress. There was ongoing training of all staff and a dedicated budget for this. The service had also continued to offer public information lectures, education for service users and their families and both internal and external academic training. The provision of information for residents and their families was of outstanding quality.

The inspectors were impressed with dedication and hard work of all staff in providing a quality service for service users, and the constant striving for improvement that had been evident over the past number of inspections.

RECOMMENDATIONS 2012

There were no recommendations for St. Patrick's Hospital in 2012.