

Report of the Inspector of Mental Health Services 2011

EXECUTIVE CATCHMENT AREA	Carlow / Kilkenny / South Tipperary
HSE AREA	South
MENTAL HEALTH SERVICE	Carlow / Kilkenny
APPROVED CENTRE	St. Dymphna's Hospital
NUMBER OF WARDS	1
NAMES OF UNITS OR WARDS INSPECTED	St. Patrick's Ward
TOTAL NUMBER OF BEDS	15
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	24 February 2011

OVERVIEW

In 2011, the Inspectorate paid particular attention to Articles 15 to 22 and 26 of the Mental Health Act 2001 (Approved Centres) Regulations 2006 and all areas of non-compliance with the Regulations in 2010 and any other Article where applicable.

The Inspectorate was keen to highlight improvements and initiatives carried out in the past year and track progress on the implementation of recommendations made in 2010. Information was gathered from self-assessments, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

St. Patrick's Ward was a 15-bed ward within St. Dymphna's Hospital, which staff reported was to be closed within a few months of the inspection. The ward had residents who displayed relatively acute symptoms of psychosis, some with enduring mental health problems and the remainder with enduring mental health problems and physical health care needs. Staff reported that they were actively pursuing the development of discharge plans for those residents who would be suitable for community living. An occupational therapist and social worker had given sessional time to the rehabilitation team in order to facilitate discharge planning. Families and nursing home managers had been involved in case conferences. Residents deemed not suitable for discharge, were to be transferred to a refurbished unit elsewhere in the same building. The remainder of the building, opened in 1831, had been occupied by Health Service Executive (HSE) community services.

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

COMPLIANCE RATING	2009	2010	2011
Fully Compliant	24	23	25
Substantial Compliance	4	5	2
Minimal Compliance	1	1	2
Not Compliant	0	0	0
Not Applicable	2	2	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
St. Patrick's Ward	15	14	Rehabilitation

QUALITY INITIATIVES

- The Policy Group had published all policies on the intranet for ease of access to all staff.
- A mental health service consumer panel had been established.
- A nurse-led psychosis clinic was being developed and training was due to commence.
- A senior grade occupational therapist and a senior grade social worker were due to commence employment with the Rehabilitation team.

PROGRESS ON RECOMMENDATIONS IN THE 2010 APPROVED CENTRE REPORT

1. The approved centre should proceed with the planned closure of St. Patrick's Ward.

Outcome: Staff reported that multidisciplinary assessments and case conferences of all residents were being undertaken with a view to closing St. Patrick's Ward in April 2011.

2. Therapeutic services and programmes should be specified in individual care plans.

Outcome: Therapeutic services and programmes remained almost exclusively medical or nursing, reflecting the staffing composition of the team.

3. The rehabilitation team should be adequately resourced with multidisciplinary professionals.

Outcome: Staff reported that approval had been obtained for the employment of a senior grade occupational therapist and a senior grade social worker.

4. The governance framework should include more robust health and social care professional representation.

Outcome: It was reported by the approved centre that this had been achieved.

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

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

Article 4: Identification of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 inspection of this Article was based on self-assessment.

Article 5: Food and Nutrition

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 inspection of this Article was based on self-assessment.

Article 6 (1-2): Food Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>			X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X	X	
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 food safety report of 28 September 2010 was made available to the Inspectorate. This indicated that appropriate action had been addressed by the approved centre.

Article 7: Clothing

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 inspection of this Article was based on self-assessment.

Article 8: Residents' Personal Property and Possessions

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 inspection of this Article was based on self-assessment. The approved centre had written operational policies and procedures relating to residents' personal property and possessions.

Article 9: Recreational Activities

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			X
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 TV and exercise bike and a disused pool table, but otherwise little evidence of recreational facilities on the ward. It was reported that no recreational activities for residents occurred during the weekend.

Breach: 9

Article 10: Religion

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 inspection of this Article was based on self-assessment.

Article 11 (1-6): Visits

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 inspection of this Article was based on self-assessment. The approved centre had written operational policies and procedures for visits.

Article 12 (1-4): Communication

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 inspection of this Article was based on self-assessment. The approved centre had written operational policies and procedures on communication.

Article 13: Searches

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 inspection of this Article was based on self-assessment. The approved centre had written operational policies and procedures on searching of a resident, his or her belongings and the environment in which he or she was accommodated; for carrying out searches with and without the consent of the resident; and in relation to the finding of illicit substances.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 inspection of this Article was based on self-assessment. The approved centre had written operational policies and protocols for care of residents who are dying.

Article 15: Individual Care Plan

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 residents had individual care plans as defined in the Regulations.

Article 16: Therapeutic Services and Programmes

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

Justification for this rating:

During the inspection residents seemed to be wandering around aimlessly. Staff reported that the Dolmen Activation Centre was available to residents, but many had refused to go. Nursing staff reported that because of physical nursing care demands, they were unavailable to provide therapeutic activities. Therapeutic services and programmes were not linked to individual care plans. Although each resident had an individual programme, these were more in accordance with activities of daily living such as personal hygiene and dressing, choking risk at meal times and during medication administration and promoting smoking reduction, rather than individual therapeutic services and programmes. It was reported by staff that providing a programme of therapies proved difficult due to the differing diagnoses of residents within the ward, as reported by the Inspectorate in the introduction to this report.

Breach: 16(1), (2)

Article 17: Children's Education

Children were not admitted to the approved centre.

Article 18: Transfer of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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:

If a resident was transferred to the Department of Psychiatry in Kilkenny, the clinical file went with the resident and the resident remained under the care and treatment of the same consultant psychiatrist. A nurse transfer sheet also accompanied the resident and a risk assessment was completed. A nurse or nurses accompanied the resident during the transfer to another approved centre or general hospital. On transfer to a general hospital, a consultant psychiatrist's referral letter, a nurse transfer sheet and a risk assessment accompanied the resident. The approved centre had a written policy and procedures on the transfer of residents.

Article 19 (1-2): General Health

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X		X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		X	
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 evidence that adequate arrangements were in place for access by residents to general health services and for their referral to other health services as required. There was evidence from the clinical files examined that the general health needs of residents were assessed regularly and within every six months. The approved centre had written operational policies and procedures for responding to medical emergencies.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 Patient and Family Information leaflet. Complaints procedures, information on peer advocacy and information of the residents' multidisciplinary team was made available to residents. Information on diagnoses and on the side effects of medication was made available to residents. The approved centre had written operational policies and procedures for the provision of information to residents.

Article 21: Privacy

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 beds in dormitory areas had privacy curtains. All windows had frosting on the lower panes. There was evidence, on the day of inspection, that the residents' privacy was appropriately respected.

Article 22: Premises

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

Justification for this rating:

Areas of the walls on the unit had paint peeling. The ward was in need of redecoration. Internal photographs of the aforementioned were taken. The ward was clean, adequately lit and heated.

Breach: 22(1)

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 inspection of this Article was based on self-assessment. The approved centre had appropriate and 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	2009	2010	2011
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 inspection of this Article was based on self-assessment. The approved centre had written operational policies and procedures relating to the health and safety of residents, staff and visitors.

Article 25: Use of Closed Circuit Television (CCTV)

CCTV was not used by the approved centre for the observation of residents.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
St. Patrick's Ward	Nursing	1 CNM 2 RPNs	2 RPNs
	Household	2	0

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

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

Justification for this rating:

It was reported that a senior grade social worker and a senior grade occupational therapist were about to commence duty with the Rehabilitation team. Appropriate HSE policies in relation to the recruitment, selection and vetting of staff, were in place. An appropriately qualified member of staff was on duty and in charge of the approved centre at all times. There was evidence that staff had access to education and training; the staff training register was examined and was satisfactory.

Breach: 26(2)

Article 27: Maintenance of Records

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>			X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X	X	
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:

In the clinical files examined there was evidence that records and reports were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The approved centre had written policies and procedures relating to the creation of, access to, retention of and destruction of records. The food safety certificate, health and safety and fire inspection reports were made available to the Inspectorate on the day of inspection.

Article 28: Register of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 inspection of this Article was based on self-assessment.

Article 29: Operating policies and procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 evidence that all written operational policies and procedures of the approved centre were reviewed at least every three years.

Article 30: Mental Health Tribunals

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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 inspection of this Article was based on self-assessment.

Article 31: Complaint Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 inspection of this Article was based on self-assessment. The approved centre had written operational policies and procedures relating to the making, handling and investigating complaints from any person about any aspect of the service, care and treatment provided in, or on behalf of the approved centre.

Article 32: Risk Management Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>		X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X		
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 inspection of this Article was based on self-assessment. The approved centre had a comprehensive written risk management policy in place that was compliant with this Article of the Regulations. The approved centre maintained a record of all incidents and notified the Mental Health Commission of incidents occurring in the approved centre.

Article 33: Insurance

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 inspection of this Article was based on self-assessment.

Article 34: Certificate of Registration

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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:

This was examined on the day of inspection. It was framed inside the entrance to the approved centre.

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

SECLUSION

Use: The approved centre did not use seclusion.

ECT (DETAINED PATIENTS)

Use: The approved centre did not provide ECT.

MECHANICAL RESTRAINT

Use: Mechanical Restraint under Part 5 of the Rules for Mechanical Restraint was used by the approved centre.

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

Justification for this rating:

One resident was in a Buxton chair. This was documented and ordered in the clinical file but the order did not have a review date. There was evidence from the clinical file that less restrictive alternatives which had been tried had not been documented. The centre had a policy on the use of mechanical restraint under Part 5 of the Rules for Mechanical Restraint.

Breach: 21.5 (b), (g)

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

PHYSICAL RESTRAINT

Use: Staff reported that physical restraint was rarely used on the ward.

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:

Physical restraint had been used for one patient. The clinical practice form book, which was not kept on the ward, was examined. Orders were not signed by nursing staff who initiated the physical restraint or by the consultant psychiatrist. An entry had been made in the patient's clinical file which documented that the patient's family had been contacted and informed of the incident by nursing staff. The approved centre had a policy on Physical Restraint.

Breach: 5.7(b), (c)

ADMISSION OF CHILDREN

Description: The approved centre did not admit children.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: The approved centre notified the Mental Health Commission of all deaths and incidents.

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

Justification for this rating:

The approved centre had an up-to-date written risk management policy compliant with Article 32 of the Regulations. A record of incidents was examined.

ECT FOR VOLUNTARY PATIENTS

Use: The approved centre did not provide ECT.

ADMISSION, TRANSFER AND DISCHARGE

Description: The approved centre did not accept admissions. There was a statement confirming this. Residents were transferred to and from the approved centre in the best interests of the resident. It was reported by the approved centre that a number of residents had been discharged to more suitable accommodation.

Part 2 Enabling Good Practice through Effective Governance

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The approved centre had policies on admissions, transfers and discharges. In all clinical files examined, there was documentary evidence that residents had undergone risk assessment. The training register was examined and was satisfactory.

Part 3 Admission Process

It was reported that the approved centre had ceased to admit residents.

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:

A policy was in place. Residents were transferred in consultation with the admitting consultant of the receiving service. All documentation in the clinical file accompanied the patient being transferred.

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:

Staff reported multidisciplinary case conferences had been held to facilitate discharge of those residents who were suitable for alternative care. The case conferences had been attended by family and staff from other agencies, as appropriate. An occupational therapist and social worker had been seconded from another team to facilitate discharge planning. It was reported by staff that any residents not suitable for discharge to community facilities were to be facilitated in alternative accommodation within the building.

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

Description: The approved centre had one resident with an intellectual disability and mental illness.

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
	X		

Justification for this rating:

The service had a policy in place, but staff on the ward were unaware of this policy. One resident had a dual diagnosis of mental illness and intellectual disability. In the absence of therapeutic services and programmes on the ward the resident's needs were not being met. Staff were aware of this and the resident was awaiting placement in The Castle Activation Centre, which staff felt would be more appropriate to their needs. Staff indicated they were aware of the resident's level of capacity.

Breach: 6, 10

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: No involuntary patient was in hospital for longer than three months so this section of the Mental Health Act 2001 did not apply.

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

Description: This was not applicable as the approved centre did not admit children.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

A number of residents were interviewed on the day of inspection. One resident complained that they felt ignored by their consultant psychiatrist. The resident had not made use of the formal complaints mechanism and was advised on how to do this. A second resident complained of the level of noise on the ward. Another said they felt that they were well cared for.

OVERALL CONCLUSIONS

One ward, St. Patrick's ward, remained opened in St. Dymphna's Hospital, which was opened in 1831. The ward had residents displaying relatively acute symptoms of psychosis, enduring mental health problems and enduring mental health problems and physical health care needs. Each resident was receiving a multidisciplinary placement assessment with the additional support of clinical psychology, social work and occupational therapy which had been drafted in to aid the Rehabilitation team in this matter on a temporary basis until all assessments were completed. Following these assessments appropriate placements of residents to other areas were to take place. This would then allow for the closure of the ward. There was evidence of family involvement, where applicable, with these placements. In the meantime, although there was evidence of excellent medical and nursing care, there was a need for access to an appropriate range of therapeutic services and programmes.

RECOMMENDATIONS 2011

1. Recreational and therapeutic services and programmes should be provided as a matter of urgency for those residents who do not attend the Dolmen Centre.
2. Therapeutic services and programmes must be reflected in the individual care plans.
3. The approved centre should proceed with the closure of St. Patrick's ward as soon as possible.
4. The outstanding posts for social work, psychology and occupational therapy should be filled as quickly as possible.