

Report of the Inspector of Mental Health Services 2011

EXECUTIVE CATCHMENT AREA	Kildare, West Wicklow, Laois, Longford, Westmeath
HSE AREA	Mid-Leinster
MENTAL HEALTH SERVICE	Longford / Westmeath
APPROVED CENTRE	St. Loman's Hospital, Mullingar
NUMBER OF WARDS	5
NAMES OF UNITS OR WARDS INSPECTED	Male Admission Female Admission St. Marie Goretti Unit St. Brigid's Unit St. Edna's Unit
TOTAL NUMBER OF BEDS	95
CONDITIONS ATTACHED TO REGISTRATION	Yes
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	15 March 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. Loman's Hospital, Mullingar consisted of five wards spread over three buildings in extensive grounds. St. Edna's Ward was situated in the original building which was opened in 1847; St. Brigid's Ward and St. Marie Goretti Ward were situated in a separate building to the rear of the original building, which was opened in 1938 and the two admissions wards were situated in a stand-alone building opened in the 1940s.

Conditions were imposed by the Mental Health Commission on 1 March 2011. These conditions were: Firstly, that refurbishment of the bathing areas and toilet facilities of St. Edna's Ward, St. Brigid's Ward and St. Marie Goretti Ward be completed by 31 May 2011. Secondly, that permanent closure of St. Edna's Ward, St. Brigid's Ward and St. Marie Goretti Ward is completed by 31 March 2012.

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

COMPLIANCE RATING	2009	2010	2011
Fully Compliant	24	26	24
Substantial Compliance	4	3	3
Minimal Compliance	1	1	1
Not Compliant	2	1	3
Not Applicable	0	0	0

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

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Male Admission	17	11	General Adult
Female Admission	17	11	General Adult
St. Marie Goretti	24	23	Psychiatry of Old Age
St. Brigid's	18	17	Psychiatry of Old Age
St. Edna's	19	18	General Adult

QUALITY INITIATIVES

- Residents in community residences had been assessed as to their future care and accommodation. Following this assessment it was planned to convert a low support residence to more highly supported accommodation.
- An audit of all referrals to community mental health teams had taken place.
- The community residence in Longford had started to use individual care plans.
- Wellness Recovery Action Plan (WRAP) and Dialectical Behavioural Therapy (DBT) had commenced in Longford and Mullingar.
- An inter-sector group for standardisation of care had commenced.

PROGRESS ON RECOMMENDATIONS IN THE 2010 APPROVED CENTRE REPORT

1. Occupational therapy should be available throughout the hospital for both assessment and programmes.

Outcome: There were two occupational therapists on the sector teams and one occupational therapist for the Psychiatry of Old Age team. This was insufficient to provide occupational therapy for the majority of residents.

2. The continuing care wards should close as they were not fit for purpose.

Outcome: These wards remained open. However there are plans to close all three wards in 2012.

3. The rehabilitation team should be resourced to provide multidisciplinary members of the team.

Outcome: This has not been achieved.

4. Training in seclusion practices should be provided for staff.

Outcome: This had been achieved.

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

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

Article 4: Identification of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	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>			
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X	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 approved centre reported that it was addressing the matters outlined in the Environmental Health Officer's report dated 21 October 2010.

Breach: 6(1)

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. There was an up-to-date policy in place on 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	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 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. There was an up-to-date policy in place.

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. There was an up-to-date policy in place on 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. There was an up-to-date policy in place 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. Up-to-date policies and procedures were in place on searches and on 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. There was an up-to-date policy and protocols in place on care of the dying and unexpected death.

Article 15: Individual Care Plan

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>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			X

Justification for this rating:

Female admission: Two residents had no individual care plans.

Male admission: All residents had individual care plans. However one individual care plan had not been reviewed in a timely manner.

All residents had individual care plans in the continuing care wards.

Where individual care plans were in place there was evidence of multidisciplinary input. In some cases the individual care plans were signed by the resident. There were regular reviews of the individual care plans in place. There was a policy on individual care planning.

Breach: 15

Article 16: Therapeutic Services and Programmes

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>			
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>			X

Justification for this rating:

St. Brigid's ward and St. Marie Goretti ward had benefitted from the appointment of an occupational therapist to the Psychiatry of Old Age team. In St. Edna's ward the nurses made considerable effort to provide therapeutic services and programmes for the residents. The garden project continued to provide an excellent programme for residents.

Where residents were able they attended the Eala Centre on the grounds of the hospital, an impressive range of therapeutic services and programmes were available. Little was provided for the residents who were unable to attend the Eala Centre, although some efforts had been made to extend the Eala programme to the wards.

As two residents in the female admission ward did not have individual care plans, the therapeutic services and programmes were not linked to individual care plans in these cases. In all other clinical files inspected therapeutic services and programmes were linked to individual care plans.

Breach: 16 (1)

Article 17: Children's Education

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 policy in place on children's education which outlined the social worker's responsibility in liaising with the resident's school in relation to education.

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:

There was an up-to-date policy in place in relation to transfer of residents. All relevant information accompanied the resident on transfer.

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	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 policies in place on general health of the resident and on responding to medical emergencies. Throughout the hospital all residents had regular six-monthly physical examinations. Access to general medical services was available.

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
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 an information booklet for residents. Details of clinical teams were provided. There was a policy in place on 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>			
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:

A number of the beds in dormitories in the male admission ward had no curtains. Nursing staff provided hardcopy email evidence to the Inspectorate which indicated that the concern regarding privacy curtains around beds had been highlighted as far back as June 2010. In the male admissions ward one toilet area had low stall-like doors that offered little privacy. Curtains around beds were provided in the remainder of the wards.

Breach: 21

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>			
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>	X	X	X

Justification for this rating:

Male admission: The toilets were not in good condition and there was an open drain in one toilet.
 Female admission: This unit was in good decorative order and was well-maintained.

St. Brigid's ward: The condition of the toilets, bathrooms and showers were very poor. There was no proper disabled toilet. One of the toilets was used as a storage area. The staff had made efforts to make the ward homely.

St Marie Goretti ward: The conditions of the toilets, shower and bathrooms were poor. There was no proper disabled access to the toilet. Tiles were falling off the walls and paint was peeling in the shower. There was paint peeling in the dining room.

St. Edna's ward: This ward was unsuitable as accommodation for residents. The bedrooms were cell-like and stuffy. The toilets were in very poor state with open drains and the floor was stained and marked. The shower was in poor condition. There was insufficient storage space and clean laundry was stored in open trolleys in the corridor.

It should be noted that conditions regarding the premises had been imposed by the Mental Health Commission. These conditions were that refurbishment of the bathing areas and toilet facilities of St. Edna's Ward, St. Brigid's Ward and St. Marie Goretti Ward be completed by 31 May 2011 and that permanent closure of St. Edna's Ward, St. Brigid's Ward and St. Marie Goretti Ward is completed by 31 March 2012. Plans to close the continuing care wards and restructure the admission wards were outlined to the Inspectorate.

Breach: 22 (1), (2) (3)

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. There was an up-to-date policy in place on the ordering, prescribing, storage 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. There was an up-to-date policy in place.

Article 25: Use of Closed Circuit Television (CCTV)

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:

CCTV was used in the hospital. There was no signage for CCTV in the female seclusion room. Signage was in place in all other areas where CCTV was used.

Breach: 25 1 (b)

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Male admission	CNM2	1	0
	Nursing staff	4	3
	Household staff	2	0
Female admission	CNM2	1	0
	Nursing staff	4	3
	Household staff	2	0
St. Edna's unit	CNM2	1	0
	Nursing staff	4	2
	Household staff	2	0
St. Brigid's unit	CNM2	1	0
	Nursing staff	5	3
	Household staff	2	0
St. Marie Goretti's unit	CNM2	1	0
	Nursing staff	4	3
	Household staff	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	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>	X		
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Justification for this rating:

There was insufficient occupational therapy available for the needs of the residents. Staff had access to training and education. There were policies on the recruitment, selection and vetting of staff.

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	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. There was an up-to-date policy in relation to maintenance of records.

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:

The inspection of this Article was based on self-assessment. All policies were up to date.

Article 30: Mental Health Tribunals

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. There was a policy on the holding of Mental Health Tribunals.

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. There was an up-to-date policy on complaints.

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	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. There was a comprehensive risk management policy. There were also policies on suicide and deliberate self-harm, absent without leave and prevention and management of violence and in challenging behaviour.

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:

The inspection of this Article was based on self-assessment.

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

SECLUSION

Use: Seclusion was used in the male and female admission wards. Three residents had been secluded in 2011 to the time of the inspection. There were 52 episodes of seclusion in 2010.

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

Justification for this rating:

There were two seclusion rooms. The male seclusion room was some distance from the toilet facilities and opened directly onto a corridor. The rooms were well lit and ventilated. Both seclusion rooms had CCTV cameras and an intercom system. There was no signage for CCTV in the female seclusion room. In the male admission ward, three residents had been secluded in 2011 to the time of the inspection. Two of these clinical files were examined by the Inspectorate and were satisfactory. The seclusion register was examined and was satisfactory. In the female admission ward, three residents had been secluded in 2011 to the time of the inspection. No current resident had been secluded. The clinical file of one resident, recently discharged, was examined by the Inspectorate and was satisfactory. The seclusion register was examined and was satisfactory. The clinical file of one resident in St. Edna's ward who had been secluded in the male admission ward was examined and was satisfactory. The seclusion register in relation to this episode of seclusion was examined by the Inspectorate in the male admission ward and was satisfactory.

Breach: 8.1, 12.2 (b)

ECT (DETAINED PATIENTS)

Use: No detained patient was receiving Electro Convulsive Therapy (ECT) at the time of inspection. All ECT was carried out in Mullingar General Hospital.

MECHANICAL RESTRAINT

Use: Mechanical Restraint Part 5 was used in St. Brigid's ward. Pelvic restraints and mittens were used.

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

Justification for this rating:

Prescriptions for Part 5 of Mechanical Restraint were documented in the clinical file and there was evidence of regular review.

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:

It was reported that training in the prevention and management of violence (including “Breakaway” techniques) had not taken place since 2007. The clinical file of one resident in St Edna’s ward who had been physically restrained was examined by the Inspectorate and was satisfactory. The Clinical Practice Form book was examined and was satisfactory. The clinical file of one resident on the male admission ward and the clinical file of one resident on the female admission ward were examined by the Inspectorate and were satisfactory. The Clinical Practice Form books in relation to these episodes of physical restraint were examined by the Inspectorate and were satisfactory.

Breach: 10.1(b)

ADMISSION OF CHILDREN

Description: At the time of inspection, no child had been admitted to the approved centre in 2011.

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

Justification for this rating:

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

Breach: 2.5

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

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

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 provided Incident reports which were inspected in the approved centre. The approved centre had a written up-to-date operational policy on risk management which clearly identified roles and responsibilities in relation to the reporting of deaths and incidents.

ECT FOR VOLUNTARY PATIENTS

Use: One voluntary patient was receiving ECT at the time of inspection. All ECT was administered in Mullingar General Hospital.

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	NOT APPLICABLE			
11	Materials and equipment	NOT APPLICABLE			
12	Staffing	X			
13	Documentation	X			
14	ECT during pregnancy	NOT APPLICABLE			

Justification for this rating:

ECT was administered in Mullingar General Hospital. Consent forms had been correctly completed. ECT was prescribed by the consultant psychiatrist in the clinical file and the resident fully assessed. There was an information booklet available.

ADMISSION, TRANSFER AND DISCHARGE

Description: The approved centre admitted, transferred and discharged residents.

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 comprehensive policies on admission, discharge and transfer of residents. There was also an excellent “seen but not admitted form” which was completed when a person presented for admission but was not admitted. This was placed in the resident’s clinical file. There was a comprehensive risk management policy and risk assessments were carried out.

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:

In the clinical files inspected the decision to admit was taken by the consultant psychiatrist. There was a full assessment by both nursing and medical staff on admission. This included a risk assessment. An information booklet was available. Not all residents had an individual care plan. There was evidence of regular multidisciplinary team meetings and each resident had a key worker.

Breach: 17.1

Part 4 Transfer Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

Transfers were decided by the consultant psychiatrist. Each resident was assessed prior to transfer. Relevant information accompanied the resident to the receiving hospital.

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:

Discharges were decided by the multidisciplinary team or by the consultant psychiatrist. There was evidence of discharge planning. Aftercare services had been contacted prior to discharge. There was evidence that the discharge had been discussed with the resident. Follow-up was documented in the clinical file. Discharge summaries were sent to the General Practitioner.

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

Description: There were no residents with intellectual disability in the admission wards. There was one person with intellectual disability in St. Edna’s ward.

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:

There was a policy on mental health and intellectual disability. The staff did not receive any training in disability services. Restrictive practices were kept to a minimum. There was evidence of inter-agency collaboration. The resident had an individual care plan. The environment and therapeutic programme were not suitable for a person with intellectual disability. There was a policy on capacity to consent to treatment.

Breach: 6.1, 10.2, 10.3

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: Two residents on St. Edna’s ward, who were being administered medicine for the purpose of ameliorating their mental disorder, had been detained for a period greater than three months.

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

Justification for this rating:

One patient had consented in writing to the continued administration of that medicine. One patient, who had been unwilling to give consent to the continued administration of medicine, had the administering of that medicine approved by the consultant psychiatrist in charge of his care and treatment and by another consultant psychiatrist in Form 17.

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

There was no child resident in the approved centre at the time of the inspection.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

The Inspectorate spoke with a number of residents during the inspection. There were complaints about a broken television which had not been mended despite numerous requests to the maintenance department. Another resident complained about being bored and wished to be moved to another centre.

OVERALL CONCLUSIONS

The physical environment in St. Loman's Hospital, Mullingar remained very poor.

It was obvious that the staff endeavoured to provide the best care and treatment to the residents in St. Loman's Hospital, Mullingar. This was evidenced by the efforts to provide therapeutic services and programmes despite the poor conditions in the hospital and the lack of occupational therapy

It was heartening that there appeared to be definite plans to provide more suitable accommodation for residents in St. Brigid's ward, St. Marie Goretti's ward and St. Edna's ward. The conditions in these wards were poor and the wards were unsuitable to provide accommodation for residents.

RECOMMENDATIONS 2011

1. Increased occupational therapy should be provided to all units in St. Loman's Hospital.
2. All residents should have an individual care plan and all individual care plans should be regularly reviewed.
3. Plans to close the continuing care units in the hospital should proceed as quickly as possible.
4. If the approved centre continued to provide care to people with intellectual disability and mental illness then the Code of Practice for Persons working in Mental Health Services with People with Intellectual Disabilities should be implemented in full.
5. All relevant staff should be trained in the prevention and management of violence.