

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 Sector
APPROVED CENTRE	St. John of God Hospital Limited
NUMBER OF WARDS	8
NAMES OF UNITS OR WARDS INSPECTED	St. Peter's Suite St. Joseph's Suite St. Bridget's Suite Ginesa Suite Carraig Dubh
TOTAL NUMBER OF BEDS	183
CONDITIONS ATTACHED TO REGISTRATION	Yes
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	13, 14 November 2012

Summary

- The approved centre was fully compliant with Article 15 relating to individual care plans.
- There was a very good range of therapeutic services for residents.
- For the second year running, the service was not fully compliant with the Rules Governing the Use of Seclusion or the Code of Practice on Physical Restraint.
- The facilities for ECT were excellent.
- Residents in the adolescent suite had an excellent programme of therapies and activities.
- There were 13 residents in the Adolescent ward (Ginesa) although the ward was designated for 12 beds.

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. John of God Hospital Limited was a voluntary hospital and was located in Stillorgan in Dublin. It was situated on pleasant grounds and had eight wards. One ward (Ginesa Suite) was a unit for adolescents and there were two wards for psychiatry of old age. An Eating Disorder programme was also available with eight beds and a half time dedicated team. Recent reconfiguration had reduced the number of admitting teams to the different units and this had enabled more specific programmes to be offered. It also aided the management of each unit.

There were 183 beds in the approved centre on the day of inspection and 167 residents. Fifteen of the residents were detained patients. One resident was a Ward of Court.

There was one condition to the registration of the approved centre imposed by the Mental Health Commission: full compliance is required with Article 15 (Individual Care Plan) of the Mental Health Act 2001 (Approved Centres) Regulations 2006 by no later than 30th June 2012.

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	24	27	30
Substantial Compliance	6	2	1
Minimal Compliance	1	0	0
Not Compliant	0	2	0
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
St. Peter's Suite	18	18	General Adult and Psychosis Team
St. Paul's Suite	34	34	General Adult
St. Joseph's Suite	28	27	General Adult
St. Brigid's Suite	24	24	General Adult and Eating Disorder
St. Camillus' Suite	27	21	General Adult and Addictions Team
Carrig Fergus Suite	24	18	Psychiatry of Old Age
Carrig Dubh Suite	16	15	Psychiatry of Old Age
Ginesa Suite	12	13	Child And Adolescent Team

QUALITY INITIATIVES 2011/2012

- The Eating Disorder Team was progressing an intensive day service for service users with eating disorders. A research project was planned in conjunction with this service.
- A Yoga teacher attended the Ginesa unit once each week and a music teacher provided two sessions weekly, also in Ginesa.
- Six bicycles had been purchased for residents of Ginesa unit.
- A new complaints committee had been established and a revised policy was drawn up. Complaints were reviewed monthly.
- A Critical Incident Review Group had been formed and key issues relating to incidents were regularly reviewed.

PROGRESS ON RECOMMENDATIONS IN THE 2011 APPROVED CENTRE REPORT

1. Each resident must have an individual care plan as required by the Regulations with documented goals which are regularly reviewed and updated by the resident's multidisciplinary team, so far as is practicable in consultation with each resident.

Outcome: This had been achieved.

2. Therapeutic services and programmes must be provided in accordance with each resident's individual care plan and must be directed towards restoring optimal physical and psychosocial functioning of each resident.

Outcome: This had been achieved.

3. Written information on diagnosis must be made available for residents and their families on St. Peter's Suite.

Outcome: This had been achieved. Information could be printed from a website on request.

4. The approved centre must ensure that where CCTV is used there is clear signage indicating its use.

Outcome: This had been done.

5. The approved centre must be compliant with the Rules Governing the Use of Seclusion.

Outcome: This had been achieved.

6. The approved centre should be compliant with the Code of Practice on the use of Physical Restraint in Approved Centres and the Code of Practice for Persons working in Mental Health Services with People with Intellectual Disabilities.

Outcome: This had not been achieved. The approved centre was not fully compliant with the Code of Practice on the use of Physical Restraint in Approved Centres. Also training had not taken place for staff in managing residents with an intellectual disability and mental illness.

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 by means of a photograph on the medication kardex, unless declined by the resident. Medication was administered by two members of nursing staff.

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:

Food was prepared on site and a choice of menu was provided for each meal. Fresh drinking water was available in each ward.

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 most recent Environmental Health Officer's report of March 2012 was available for inspection. An action plan had been drawn up to address the issues raised in the report.

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:

Residents were dressed in day clothes unless specified in their individual care plan. There was a supply of clothing available in the event a resident did not have sufficient of their own.

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:

A list of residents' property was maintained in the property book. There was provision for safe-keeping in the hospital. There was a policy relating to personal property and possessions.

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 range of recreational activities available, including TVs, board games, books, coffee shop and golf.

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:

A chaplain visited the hospital daily and Mass was celebrated on Sundays. Residents of other faiths were also facilitated in the practice of their religion.

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:

Visitors could visit in the afternoons and evenings, but there was some flexibility in this arrangement. The service had a policy relating to visits. There were facilities to receive visitors in the wards or in the coffee shop.

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	
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:

Mobile phones were not permitted in St. Peter's ward but residents there could access the office phone to make and receive calls. Mobile phones were permitted in other wards. Post was delivered to each ward and staff could post mail for residents of the locked unit. There was limited access to the internet. The policy on communication did not refer to the use of mobile phones.

Breach: 12(3)

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:

Searches were carried out. Rooms were searched on occasions and residents were informed of this happening; consent was sought from residents and there were procedures if consent was withheld. There was an up-to-date policy relating to searches and the finding of illicit substances.

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:

The service had a policy and procedure for the care of residents who are 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
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		
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>		X	

Justification for this rating:

All residents whose clinical files were inspected had an individual multidisciplinary care plan, as defined in the Regulations. The format of the care plan was good, and addressed need, problem/goal and action. The care plan would be enhanced by the separation of 'problem' from 'goal'.

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
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:

There was a very good range of therapeutic services available to residents. Members of the multidisciplinary teams ran programmes and individual sessions on recovery, anxiety management, Wellness and Recovery Action Plan (WRAP) and Dialectic Behaviour Therapy (DBT). There was evidence of input from social work, psychology and occupational therapy in the clinical files.

Article 17: Children's Education

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:

Education was provided by one secondary school teacher and one special needs assistant to children in Ginesa suite.

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 an up-to-date policy relating to transfer of residents. Relevant information accompanied a resident on transfer.

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:

No person in the units inspected had been resident for longer than six months. There was a policy on responding to 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
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 hospital pharmacist had prepared a number of information leaflets on medication and its effects, which were readily available on each ward. Information on diagnosis could be downloaded from internet sources. There was a good information booklet about housekeeping on each ward. Details of team members were posted on the information board in the wards. Information about advocacy services were displayed in the wards and in the young person's ward, there was information on the Ombudsman for Children. Both the ombudsman and a representative from Barnardo's organisation came to the unit and gave talks to the young people.

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:

Accommodation was in single or 2-bed rooms and privacy was protected for all residents.

Article 22: Premises

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
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 accommodation was of a high standard and the upkeep of the hospital was well maintained.

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 relating to the ordering, storing, prescribing and administration of medicines.

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:

The service had a Health and Safety statement and a policy relating to health and safety.

Article 25: Use of Closed Circuit Television (CCTV)

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
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 in use in the hospital and there were signs indicating its use. There was a policy relating to the use of CCTV cameras.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
St. Peter's Suite	CNM1/2	1	
	RPN morning	6	3
	RPN evening	5	
St. Paul's Suite	CNM 1/2	1	
	RPN morning	5	2
	RPN evening	4	
St. Camillus Suite	CNM 1/2	1	
	RPN morning	5	2
	RPN evening	3	
Ginesa Suite	CNM 1/2	1	
	RPN morning	5	3 until 11pm, and 2 thereafter
	RPN evening	4	
Carrig Dubh	CNM 1/2	1	
	RPN morning	5	2
	RPN evening	4	
Carrig Fergus	CNM 2		
	RPN morning	4	2
	RPN evening	3	
St. Joseph's Suite	CNM 1/2	1	
	RPN morning	5	2
	RPN evening	4	
St. Brigid's Suite	CNM 1/2	1	
	RPN morning	4	2
	RPN evening	3	

Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Non Consultant Hospital Doctor (NCHD), Director of Nursing, (DON), Assistant Director of Nursing (ADON).

Inspectorate of Mental Health Services

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 teams were resourced with health and social care professionals. There was a full complement of nursing staff, which included some agency staff; an ADON was on duty each night. There was a policy relating to recruitment and vetting of staff. An occupational therapist provided two sessions each week to residents of St. Peter's ward.

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
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:

Clinical records were maintained electronically and were made accessible to the Inspectorate. Whilst these were easy to navigate, there was no system to highlight certain aspects of care, such as individual care plans or episodes of seclusion or physical restraint. The most recent Environmental Health Officer and Fire Safety reports were available. There was a Health and Safety statement.

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:

There was a Register of Residents which contained the information required in Schedule 1 of the Regulations.

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
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:

All policies were up to date and operational.

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 in the approved centre.

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 complaints procedure was displayed throughout the approved centre and most wards had a suggestion box where residents could make complaints anonymously, if they wished. There was a nominated complaints officer in the approved centre. The service had an up-to-date policy relating to making and handling of complaints.

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
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 service had an up-to-date policy on risk management which met the requirements of the Regulations.

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 service had an insurance policy dated January 2012.

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 displayed in the reception area of the hospital.

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

SECLUSION

Use: Seclusion was used in the approved centre in St. Peter's Ward only.

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:

The seclusion facilities were good and there was access to a nearby toilet and shower. The mattress, although safe, was too thin for a resident in seclusion for an extended length of time. The room was bright and well ventilated. CCTV was clearly labelled.

The documentation of six episodes of seclusion was examined. The seclusion register was correctly completed in all cases and the forms put into the clinical files. Monitoring and observation was satisfactory. Seclusion was terminated satisfactorily.

In five cases next of kin was informed of the episode of seclusion. In the remaining case the next of kin was not informed and the reason for not doing so was not documented in the clinical file. In only one case was the episode of seclusion discussed at the next multidisciplinary team meeting.

There was a policy on the use of seclusion. Training in seclusion had taken place.

Breach: 3.7(b), 10.3

Electroconvulsive Therapy (ECT) (DETAILED PATIENTS)

No detained patient was receiving ECT in the approved centre.

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			

MECHANICAL RESTRAINT

Mechanical restraint was not used in the approved centre and there was a policy stating this.

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 documentation relating to four episodes of physical restraint was examined. All clinical practice forms were correctly completed and put into the clinical files. The episodes of physical restraint were documented in the clinical files. In one case the next of kin was not informed and no reason given as to why this was the case. In the case of one resident the episode of physical restraint was not discussed at the multidisciplinary team meeting.

There was a policy on physical restraint.

Staff training in relation to physical restraint had been completed.

Breach: 5.9(b), 9.3

ADMISSION OF CHILDREN

Description: Children were admitted to the Ginesa Suite.

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

Justification for this rating:

Due to an alert regarding an infectious illness in the Ginesa suite a physical inspection of that unit did not take place. However the inspectors met with the clinical team and inspected a number of clinical files and assessed compliance as far as was possible.

There was no child detained in the approved centre.

Although this was an adult approved centre, the Ginesa Suite was suitable for the admission of children. A specialist child and adolescent team had clinical care of the child residents. An excellent information pack was available. Parental consent was obtained for treatment. Risk assessment was in place.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: There had been one death in the approved centre 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:

All deaths were notified to the Mental Health Commission. Incidents were reported and analysed using an electronic incident reporting system known as DATIX. There was a critical incident review group. There was a policy on risk management and the approved centre was compliant with Article 32 of the Regulations on Risk Management. There was an identified risk manager.

Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS

Use: ECT was administered in the approved centre.

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	NOT APPLICABLE			

Justification for this rating:

One resident was receiving ECT at the time of inspection.

The facilities for ECT were excellent. There was a nominated ECT consultant and ECT nurse.

There was a very good ECT pack and information leaflet. Consent was correctly obtained.

There was no evidence in the clinical file of the resident receiving ECT that cognitive monitoring was carried out on an ongoing basis.

The register for ECT was correctly completed.

Breach: 7.3

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 regarding Admission, Transfer and Discharge. A key worker system was in place. The approved centre complied with Article 32 on 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:

The admission process was good. There was evidence of both psychiatric and nursing assessment. All clinical files inspected had a physical examination but did not document a central nervous system examination on admission which is an important physical assessment of a mentally ill resident.

A comprehensive risk assessment was in place.

Every resident had an individual care plan. The approved centre was compliant with Article 7 and 8 on Clothing and residents' Personal Property and Possessions and with Article 27 on 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 transfer process was good. The clinical files of two residents who had been transferred were inspected. In each case, the reason for transfer was documented in the clinical file, and a copy of the referral letter was available in the clinical file. Residents were accompanied by a member of staff and there was evidence in the clinical file that the residents' next of kin were informed of the transfer. The approved centre was compliant with Article 18 of the Regulations on Transfer.

Part 5 Discharge Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The discharge process was good. Discharge planning was an integral part of individual care planning and the multidisciplinary team were involved. Discharge summaries were completed and follow-up arrangements made.

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

Description: There was one resident with an intellectual disability and mental illness in the approved centre.

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 intellectual disability and mental illness. No staff training had taken place in intellectual disability although some contact had been made with the intellectual disability services to provide such training.

The resident with an intellectual disability and mental illness had an individual care plan. There was evidence that appropriate agencies were involved. Efforts were made to ensure that nursing staff that were dually trained in intellectual disability and mental health were available to this resident. The least restrictive practices were used.

Breach: 6

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: No detained resident was 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**

Description: There was no detained child in the approved centre, therefore section 61 did not apply.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

The Irish Advocacy Network (IAN) provided a report. Service users reported through the IAN that they appreciated the surrounding grounds of the hospital and stated that the quality of food was of a high standard. Some residents stated that they felt they were kept on a locked ward for too long and that they felt worse after a long admission and were unaware of their status i.e. whether voluntary or involuntary and were unaware of the procedures around Mental Health Tribunals. They felt they had insufficient time to engage with their solicitor. Some residents felt that by making a complaint that it would affect their discharge. Although more residents were aware of their care plans some felt that they were ill-informed about their care plan and were unclear as to the treatment options available to them. Some residents reported that they had difficulty in obtaining an appointment with their social worker and they would like to have more access to counselling and psychology services. One resident stated that they would like access to Wifi on the ward.

OVERALL CONCLUSIONS

The Mental Health Commission had imposed a condition on the registration of the approved centre in relation to individual care plans and it was very encouraging to see that the service had addressed this particular problem. All residents whose clinical files were inspected had an individual care plan and there was an excellent range of therapeutic services, provided by a variety of team members. Accommodation was of a high standard and the premises were well maintained. Clinical files were kept electronically and while staff reported that this worked well, there was no system of identifying particular items of the file without looking through the entire clinical file.

There was improvement in compliance with the Rules Governing the Use of Seclusion and with the Code of Practice on the Use of Physical Restraint in Approved Centres. However some work needs to be done to ensure full compliance. The approved centre is also reminded that cognitive monitoring of residents receiving ECT must be ongoing. Overall the admission process of residents was excellent although the admitting doctors should assess central nervous system functioning as part of the initial physical examination.

Training in intellectual disability and mental illness still had not taken place although this was a recommendation in 2011.

RECOMMENDATIONS 2012

1. The approved centre must be compliant with the Rules Governing the Use of Seclusion.
2. The approved centre should be compliant with the Code of Practice on the Use of Physical Restraint in Approved Centres.
3. Training in intellectual disability and mental illness should be provided for all staff.