

## Report of the Inspector of Mental Health Services 2009

<b>MENTAL HEALTH SERVICE</b>	HSE South
<b>APPROVED CENTRE</b>	St. Stephen's Hospital
<b>CATCHMENT AREA</b>	North Cork
<b>NUMBER OF WARDS</b>	7
<b>NAMES OF UNITS OR WARDS INSPECTED</b>	Unit 3 Male Admission Unit 5 Unit 8 Floor 2 Unit 8 Floor 3
<b>TOTAL NUMBER OF BEDS</b>	105
<b>CONDITIONS ATTACHED TO REGISTRATION</b>	No
<b>TYPE OF INSPECTION</b>	Announced
<b>DATE OF INSPECTION</b>	2 September 2009

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

**DESCRIPTION**

St. Stephen's Hospital was situated in a rural setting about seven kilometres from Cork City. It was originally a sanatorium and consisted of a number of stand-alone units in extensive grounds. There were 105 residents, in six units, approximately 80 of whom were long-stay. There were male and female admission wards with 13 beds each. Unit 1 on the grounds of the hospital was an Alzheimer's unit and was not part of the approved centre. The condition of the hospital was relatively good and it was clear that there was a rolling programme of maintenance. Decor and furnishings were good, and the hospital was very clean. There were three sector teams and a rehabilitation team. There was no psychiatry of later life team. A social worker had recently been appointed to the service. There was an excellent therapeutic programme both on and off the units and care planning was in operation throughout the hospital.

St. Stephen's Hospital was in compliance with all Regulations, Rules and Codes of Practice.

**DETAILS OF WARDS IN THE APPROVED CENTRE**

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Unit 2 (Later life)	26	26	General adult
Unit 3 (Male Admission)	13	9	General adult
Unit 4 (Female Admission)	13	8	General adult
Unit 5	13	13	General adult
Unit 8 Floor 2	25	23	General adult
Unit 8 Floor 3	14	14	General adult

**QUALITY INITIATIVES**

- A CNM2 had responsibility for monitoring residents with diabetes in the hospital and a staff nurse monitored diabetics in the community residences.
- An extensive ward activity programme had been developed with the amalgamation of the day programme and the recreational activity centre.
- There were a number of six-monthly audits that included audits on key working, metabolic syndrome, benzodiazepine prescribing and activity levels on units.
- A new form for recording the use of cot sides had been introduced.
- A social worker had been appointed.

**PROGRESS ON RECOMMENDATIONS IN THE 2008 APPROVED CENTRE REPORT**

*1. There should be self staffing of all long stay units and acute units.*

**Outcome:** There were dedicated ward managers on each unit.

*2. Multidisciplinary care plans should be rolled out to all units as soon as possible.*

**Outcome:** This had been achieved.

*3. There should be provision of therapeutic activities for all residents in accordance with Regulations.*

**Outcome:** Significant progress had taken place in the provision of therapeutic activities to the units.

**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	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

Two nurses administered medication. Photo identification or wrist bands were not used.

**Article 5: Food and Nutrition**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

There were water coolers on each unit. There was a choice of meals available and special diets were provided.

**Article 6 (1-2) Food Safety**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

Food safety reports were available.

**Article 7: Clothing**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

Residents wore night clothes only if this was specified by the clinical team and outlined in the care plan. A store of clothing was available if required.

**Article 8: Residents' Personal Property and Possessions**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

A list of residents' property was kept separately from the residents' care plan. There was a locked property office and valuables and money were kept in a safe. Larger sums of money were kept in the general office. The service had a policy on residents' property.



**Article 9: Recreational Activities**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

*Unit 3 Admission:* There was a recreation room with pool table, table tennis and table football. In other units there was a TV set, DVDs, books, newspapers and bingo.

**Article 10: Religion**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

There was a Roman Catholic mass daily in the chapel on the grounds of the hospital. Other religions were provided for.

**Article 11 (1-6): Visits**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

There was ample space for visitors with visitors rooms in Unit 8, Floor 2, Floor 3 and in Unit 5. Visiting time was flexible. Children could only visit if accompanied by adults. There was a written policy on visits.

**Article 12 (1-4): Communication**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

No mail was opened. Residents could keep their mobile phones. There were public phones on units. The approved centre had a policy on communication.

**Article 13: Searches**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

There was a policy on searching, with and without consent. Searches were rarely carried out only in the admission units and did not occur in the long-stay units. The service had policies on searching of residents, both with and without consent, and which included a policy on the finding of illicit substances.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

There was a policy on care of the dying. Residents who were dying were nursed in separate rooms.

**Article 15: Individual Care Plan**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	<b>X</b>	
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

There was a comprehensive care plan in operation throughout the hospital. Residents under the care of the rehabilitation team had an integrated care pathway that was excellent.

**Article 16: Therapeutic Services and Programmes**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	<b>X</b>	
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

There were a number of ward-based therapeutic activities in addition to the occupational therapy department, which was attended by residents throughout the hospital. A schedule of activities was available in each unit and activities were linked to the individual care plans.



**Article 17: Children's Education**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>NOT APPLICABLE</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	<b>X</b>	
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

No child had been admitted in 2009. The opening of the new interim child and adolescent in-patient unit on the campus was imminent. The service had a policy on children's education.

**Article 18: Transfer of Residents**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	<b>X</b>	
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

There was a policy on transfer of residents. All relevant documentation accompanied the resident on transfer. The approved centre had a policy on the transfer of residents.

**Article 19 (1-2): General Health**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

All six-monthly physical reviews were up-to-date. They were documented on specialised forms. A system of monitoring physical reviews was in place, and the service had a written policy on responding to medical emergencies.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	<b>X</b>	
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

An information booklet was available for residents. There were excellent information sheets on diagnosis and medication. There was a policy on provision of information to residents.

**Article 21: Privacy**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

There were a number of single rooms in each unit. All beds had curtains around them. Toilets and bathrooms were lockable.

**Article 22: Premises**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

All areas were clean and very bright. Ventilation was adequate. Apart from some minor painting requirements, the decor of all the units was good. Maintenance was regularly provided and was available on site. An effort had been made to make units comfortable and homely.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

The approved centre had a policy on the ordering, prescribing storing and administering of medication.

**Article 24 (1-2): Health and Safety**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

A health and safety statement was in place.



**Article 25: Use of Closed Circuit Television (CCTV)**

---

It was reported that CCTV monitoring was not used in the hospital.

**Article 26: Staffing**

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Unit 3	Nurse	3	2
Unit 5	Nurse	4	2
Unit 8 Floor 2	Nurse	5	2 +1 attendant
Unit 8 Floor 3	Nurse	3	2

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	<b>X</b>	
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

Occupational therapists were available in the activity centre and to attend the wards. There was now a social worker in the service, and psychologists attended on request. The service had a policy on recruitment of staff.

**Article 27: Maintenance of Records**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

The standard of documentation was high. There was a policy on the maintenance of records and files were appropriately stored.

**Article 28: Register of Residents**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

There was a register of residents that was in compliance with Schedule 1 of the Regulations.

**Article 29: Operating Policies and Procedures**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

All policies were in date, with the exception of the policy on complaints which was dated 2006, and was still in draft form.

The service stated that they would forward the policy.

**Article 30: Mental Health Tribunals**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

The approved centre facilitated mental health tribunals.

**Article 31: Complaint Procedures**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

There was a complaints procedure and policy in operation. There was information available in the units on how to make a complaint.

**Article 32: Risk Management Procedures**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

The service had a written policy on risk management.



**Article 33: Insurance**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

There was an insurance certificate available.

**Article 34: Certificate of Registration**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

The certificate of registration was displayed.

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

**SECLUSION**

---

Seclusion was not used in the centre and there was a signed statement to say this was the case.

**ECT (DETAINED PATIENTS)**

---

ECT was not provided in the approved centre and no residents were receiving ECT in an external hospital on the day of inspection.

**MECHANICAL RESTRAINT**

---

Mechanical restraint was not used in the approved centre. There was a signed statement to say this was the case.

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

**PHYSICAL RESTRAINT**

**Use:** Physical restraint was used infrequently in the approved centre. It had been used the night prior to the inspection, but the most recent use prior to that had been in November 2008.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
2	Orders	X			
3	Resident dignity and safety	X			
4	Ending physical restraint	X			
5	Recording use of physical restraint	X			
6	Clinical governance	X			
7	Staff training	X			
8	Child residents	NOT APPLICABLE			

**Justification for this rating:**

The file of the resident admitted on the night prior to the inspection was reviewed. As the incident of physical restraint had occurred less than 24 hours before the inspection, a review by the multidisciplinary team had not yet occurred. The Code of Practice in relation to its use had been complied with and there was a written record that staff had read and understood the policy on physical restraint.

**ADMISSION OF CHILDREN**

---

No children had been admitted in 2009. A new interim unit for children and adolescents was about to be opened on site.

**NOTIFICATION OF DEATHS AND INCIDENT REPORTING**

---

**Description:** A summary of incidents was reviewed. A record of incidents was forwarded to the Mental Health Commission every six months.

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

**Justification for this rating:**

The approved centre was compliant.



**ECT FOR VOLUNTARY PATIENTS**

---

ECT was not provided in the approved centre and no residents were receiving ECT in an external hospital on the day of inspection.

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

**SECTION 60 – ADMINISTRATION OF MEDICINE**

---

One patient had been involuntarily admitted to Unit 3 in March 2009. The patient was receiving medication without consent and the appropriate Form 17 was completed and up-to-date.

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

---

Section 61 did not apply as no child had been admitted under Section 25.

## **SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE**

### **SERVICE USER INTERVIEWS**

A number of service users spoke with the Inspectorate. All stated that they were happy with their care and treatment. They praised the nursing staff for their dedication and kindness. They stated that the food was good and they particularly liked the grounds of the hospital.

### **OVERALL CONCLUSIONS**

It was obvious that the service in St. Stephen's Hospital had put considerable effort into providing excellent care and treatment for the residents. The approved centre complied with all Regulations, Rules and Codes of Practice. The care plans and six-monthly physical examinations were up to date and there was a vast improvement in the availability of therapeutic programmes, especially to residents who were unable to attend the activity centre. There were excellent information sheets on diagnosis and medication. Seclusion was not used. The premises, although old-fashioned was well maintained and very clean. Staff were justifiably proud of their achievements.

### **RECOMMENDATIONS 2009**

1. All multidisciplinary teams should be fully staffed.