

Report of the Inspector of Mental Health Services 2009

MENTAL HEALTH SERVICE	St. Patrick's University Hospital
APPROVED CENTRE	St. Patrick's University Hospital
CATCHMENT AREA	National
NUMBER OF WARDS	8
NAMES OF UNITS OR WARDS INSPECTED	Vanessa Delaney Eating Disorder Unit
TOTAL NUMBER OF BEDS	238
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Announced
DATE OF INSPECTION	24 and 25 March 2009

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

DESCRIPTION

St Patrick's University Hospital provided a national private inpatient mental health service. There were 238 beds in the hospital. They were detailed in the table below. There had been significant developments in the service including the restructuring of inpatient services, the provision of community based outpatient follow-up clinics and formal links with Trinity College Dublin.

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Dean Swift	31	31	1 general adult team
Delaney	32	32	2 general adult teams
Kilroot	31	31	2 general adult teams
Stella	31	31	2 general adult teams
Vanessa	33	32	2 general adult teams
Grattan	35	35	2 general adult teams
Laracor	38	38	2 general adult teams
Eating Disorder Programme	7	7	1 general adult team

QUALITY INITIATIVES

- Clinical and governance structures had been altered to facilitate enhanced multidisciplinary care. Previously teams were responsible for residents across a number of wards in the hospital but now they had responsibility for residents on particular wards. Each team had responsibility for ward-based residents, a clinical programme, day service attendees and community-based mental health clinics (called Dean Clinics). Teams also had responsibility for developing their own services and competing for resources.
- There were a number of programmes provided: psychosis recovery, bipolar disorder, wellness and recovery, unipolar depression, Evergreen (older residents), anxiety disorders, alcohol and chemical dependence or dual diagnosis, and eating disorders.
- The hospital's strategy had just been reviewed.
- The newly recruited wellness and recovery team were providing training on recovery to other staff.
- A multidisciplinary group had been established to develop the use of outcome measures.
- Audits and service feedback had identified areas of concern for residents and families in relation to initial assessment and admission that require addressing and a group had commenced working on this.
- Laracor Ward had been redeveloped as an addiction service and two teams offered different components of addiction care.

- The hospital had a pilot project investigating the utility of an appointment reminder system based on mobile phone text messaging.
- The hospital were in the process of recruiting an adolescent team which will begin providing services from the Dean Clinic in Lucan. Construction of a 14-bed adolescent in-patient unit was due to begin in the following months.
- The hospital had, with TCD, co-sponsored a multidisciplinary child stream in the MSc in Mental Health programme to help ensure a body of qualified staff for the adolescent service.
- The hospital had consolidated its links with TCD as a teaching hospital and consequently had changed its name to St. Patrick's University Hospital.
- An information and support line for service users in relation to mental health and mental illness was being developed to run initially for three to four hours a day, with plans to expand the running time and population served.
- Quality and clinical governance had been restructured. The hospital had put in place a multidisciplinary team clinical governance committee and a clinical council. In addition the director of services had responsibility in these areas and the Board of Governors also had a quality governance committee.
- Since the last inspection, the hospital – which has had a consumer council for a number of years – employed a full-time administrator to facilitate the work of the council and to be a first point of contact between the service and the consumer council. Formal operational procedures had been agreed and implemented for the consumer council. The consumer council had been involved in reviewing and commenting on all aspects of the service developments. A service user representative had been invited to attend the Board of Governors' meetings every quarter. A service user had been appointed to the adolescent service development team.
- The clinical psychology department had established a 12-week programme for people at risk of self-harm.

PROGRESS ON RECOMMENDATIONS IN THE 2008 APPROVED CENTRE REPORT

1. Each resident should have an individual multidisciplinary care and treatment plan.

Outcome: This was also a recommendation in 2007. Each resident had a formal medical and nursing assessment at admission. Weekly multidisciplinary team meetings were recorded on sheets which were stuck into the contemporaneous clinical notes. It was easy to see the links between the care plan and the programmes. The care plans did not specify a set of goals for each resident although they did indicate generic treatment plans and progress. Residents had a choice of whether to attend team meetings and were facilitated to have an input into their care plan.

2. Enhanced multidisciplinary team functioning should be developed across all the units.

Outcome: Since the last inspection, the staff and management of the hospital had worked extremely hard at developing and implementing a team-based approach to service delivery. Each ward now had named teams with clinical responsibility for it. There were set ward rounds and team meetings. Throughout the two-day inspection visit to the hospital, the inspectorate was informed from many sources that this change had improved communication, enhanced team working and improved quality inputs. There was a clear commitment to this new way of working. Nursing staff had a more defined role; non-nursing duties were now provided by ancillary staff.

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

Justification for this rating:

Residents were identified by their PPS number. A second identifier was also in use: for residents who consented, photographs were attached to individual clinical files and their medication index cards.

Article 5: Food and Nutrition

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

Justification for this rating:

Regular drinking water tests were carried out. The documentation was reviewed by the Inspectorate and was in order.

A Hazard Analysis Critical Control Points (HACCP) compliant system was in place in St. Patrick's Hospital. Departmental policies and procedures were in place. There was a choice of hot and cold foods available to residents and special diets were catered for.

Article 6 (1-2) Food Safety

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

Justification for this rating:

Departmental policies and procedures were in place. Regular inspections by the Environmental Health Officer had taken place and progress on recommendations was evident.

Article 7: Clothing

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

Justification for this rating:

Generally clothing was provided by residents or their families. Arrangements could be made for the resident to purchase their own clothes if necessary. On Vanessa ward, one resident was in night clothes and this was documented in the resident's care plan.

Article 8: Residents' Personal Property and Possessions

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

Justification for this rating:

There was a policy and practice in place regarding the processing of resident's property. An inventory of residents' property was reviewed by the Inspectorate. On Vanessa ward, residents had access to wardrobes, lockers and personal safes. Arrangement were in place for the safe keeping of residents' possessions and property.

Article 9: Recreational Activities

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

Justification for this rating:

The hospital provided a variety of recreational facilities including a gymnasium, exercise equipment, miniature golf, music room. There was also access to the cafeteria and garden areas. The Twilight Club was established to provide recreational activity for residents particularly in the evenings and at weekends.

Article 10: Religion

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

Justification for this rating:

Policies and procedures were in place to facilitate residents practice their religion whatever their denomination. The local Roman Catholic priest visited daily and said mass in the hospital chapel. The Church of Ireland minister called on request.

Article 11 (1-6): Visits

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

Justification for this rating:

Visiting times were clearly displayed on the wards inspected. Visiting arrangements were also included in the hospital information booklet. Children were facilitated to visit. Policies and procedures were in place for visiting and health and safety.

Article 12 (1-4): Communication

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

Justification for this rating:

A policy and procedures were in place. On Vanessa ward, most residents had their own mobile phones and a public phone was provided. A post box and Internet and email access were provided at the front hall of the hospital.

Article 13: Searches

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

Justification for this rating:

A policy and procedures on searches were in place. On both wards inspected, no searches had been carried out.

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

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

Justification for this rating:

There had been no deaths in the hospital to date this year. The following practices and policies were in place: care of the dying patient and their family, patients' spiritual and religious care, death of a patient in care, suicide management and prevention, clinical and non-clinical occurrence, and root cause analysis (RCA) review.

Article 15: Individual Care Plan

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

Justification for this rating:

There was a system in place for recording multidisciplinary team input into an individual's care. On assessment, an initial ongoing care plan was completed by medical and nursing staff. At weekly team meeting individual disciplines attendance at meetings was recorded. On Delaney ward and the Eating Disorder Programme, the files reviewed showed that care plans were incomplete. The care plans did not specify a set of goals for each resident.

The service had completed a clinical audit and as a result the service was actively reviewing the care planning documentation. Since the inspection, the service had reported that the necessary changes would be overseen by the clinical governance committee in June 2009.

Breach: Article 15

Article 16: Therapeutic Services and Programmes

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

Justification for this rating:

There was an extensive range of therapeutic services and programmes available to all residents by referral at team meetings. The hospital had a range of staff with backgrounds in psychology, social work, occupational therapy and cognitive therapy. Access to other services such as dietician and physiotherapy were contracted on a needs basis. There was a range of programmes provided based on diagnosis. The care plans did not specify a set of goals for each resident although they did indicate generic treatment plans and progress.

Since the inspection, the service had reported that the necessary changes would be overseen by the clinical governance committee in June 2009.

Breach: Article 16 (1)

Article 17: Children's Education

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

Justification for this rating:

Children's education was facilitated based on clinical appropriateness. Teachers were facilitated in maintaining contact with children.

Article 18: Transfer of Residents

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

Justification for this rating:

There was a system in place for transferring residents to an external hospital. No resident had been transferred to another approved centre for treatment.

Article 19 (1-2): General Health

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

Justification for this rating:

The hospital had a procedure in place to access GP services. On the day of inspection, there were four residents in the hospital for a period greater than six months. On Delaney ward, the file was reviewed, a six-monthly physical was not completed. One resident on Vanessa ward had been admitted for more than six months and had refused physical examinations. This had been recorded in the clinical notes. It was reported by staff that national health screening appointments were facilitated. There was a procedure and policy in place for responding to medical emergencies. The nursing staff were aware of it.

Following the inspection, the service confirmed to the Inspectorate team that all residents in the hospital for longer than six months had been offered a six-monthly physical examination.

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

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

Justification for this rating:

Policies and practices were in place. Drug information sheets, devised in conjunction with the pharmacy, were provided to residents. Residents met their multidisciplinary team weekly. The hospital's patient information booklet and family information booklet were being updated at the time of inspection, in conjunction with the consumer council. Information was also provided to residents through regular psycho-educational programmes.

Article 21: Privacy

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

Justification for this rating:

A range of single rooms and shared rooms were provided. In the shared rooms, there were curtains around each bed. Segregated male and female toilets and bathing facilities were available.

Article 22: Premises

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

Justification for this rating:

The premises were maintained to a high standard. There were plans to refurbish Vanessa ward the following year.

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

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

Justification for this rating:

There was a procedure in place for ordering medication from a central pharmacy on site. Medications were stored in a locked cabinet on the ward. Prescriptions were written on a card index. The nurse's signature and initials were recorded on each prescription sheet. The medical staff reported that signature and initials were held centrally.

Article 24 (1-2): Health and Safety

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

Justification for this rating:

The hospital had a policy in place.

Article 25: Use of Closed Circuit Television (CCTV)

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

Justification for this rating:

CCTV was not used in clinical areas.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Delaney	Nurse	5	2
Vanessa	Nurse	6	2

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

Justification for this rating:

There was a procedure in place for the recruitment and selection of staff. All new staff had Garda vetting in accordance with local hospital policy. Staff employed prior to the introduction of the policy, had the option to volunteer for Garda vetting. Arrangements were being put in place for existing staff. There was a rota and an on-call system for all senior staff.

There was a wide range of clinical staff from all disciplines working in the hospital. They had backgrounds in psychology, psychiatry, social work, occupational therapy, and cognitive therapy.

There was an active in-service education programme within disciplines and for teams. Staff had had training and education on the Mental Health Act 2001. Nursing staff had access to training relative to their areas of work.

Article 27: Maintenance of Records

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

Justification for this rating:

There was a system in place for creating and destroying records. A copy of the most recent fire inspection report was sent to the Inspectorate. It was dated January 2007. Reports on food safety and health and safety were maintained in the hospital.

Article 28: Register of Residents

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

Justification for this rating:

There was an electronic register in place.

Article 29: Operating Policies and Procedures

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

Justification for this rating:

There was a system in place for reviewing all policies and procedures.

Article 30: Mental Health Tribunals

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

Justification for this rating:

There were rooms in place for mental health tribunals.

Article 31: Complaint Procedures

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

Justification for this rating:

There was a complaints system in place. Notices were on display and information was provided in the information booklet.

Article 32: Risk Management Procedures

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

Justification for this rating:

There was a thorough risk management policy in place. All risks were discussed at the clinical risk meetings. They were held weekly and attended by senior staff from all disciplines. The hospital had developed a new policy on the protection of vulnerable children.

Article 33: Insurance

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

Justification for this rating:

Insurance arrangements were in place and up to date.

Article 34: Certificate of Registration

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

Justification for this rating:

The certificate of registration was displayed in the main reception area of the hospital.

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

SECLUSION

Seclusion was not used in the hospital. It was the policy of the hospital not to use seclusion.

ECT (DETAILED PATIENTS)

Use: No detained patient was receiving ECT on the day of the inspection. No clinical files were available to review. ECT was provided twice weekly in the hospital both to in-patients and outpatients.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
2	Consent	NOT APPLICABLE			
3	Information	X			
4	Absence of consent	X			
5	Prescription of ECT	NOT APPLICABLE			
6	Patient assessment	NOT APPLICABLE			
7	Anaesthesia	NOT APPLICABLE			
8	Administration of ECT	X			
9	ECT Suite	X			
10	Materials and equipment	X			
11	Staffing	X			
12	Documentation	X			
13	ECT during pregnancy	NOT APPLICABLE			

Justification for this rating:

The ECT suite was inspected. The Inspectorate met with the nursing and medical staff with responsibility with ECT. On the day of inspection, all patients receiving ECT had consented to the treatment. The staff had received external accreditation for their ECT procedures. Nursing staff were receiving ongoing training in the area. There was an ongoing clinical trial in place. There was a detailed ECT treatment booklet that was kept with the clinical file.

MECHANICAL RESTRAINT

Use: The hospital used Part 5 of the Rules only. It was not in use on the day of the inspection. No file was reviewed.

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

Justification for this rating:

On the day of inspection, Part 5 was not in use. There was a policy in place detailing its use.

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

PHYSICAL RESTRAINT

Use: Physical restraint was primarily used in the acute admission ward. The register was reviewed.

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 service was compliant with all aspects of the Code of Practice. The quarterly reports to the MHC were reviewed and were in order.

ADMISSION OF CHILDREN

Description: Children were admitted following referral from primary care or their treating clinical team.

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

Justification for this rating:

No child was detained at the time of inspection. Specific policies were available and staff were all trained in relation to care of children. A full programme was available for children and the facilities were age appropriate.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: The service had a system in place for reviewing and notifying incidents.

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:

There was a thorough risk management policy in place. All risks were discussed at the clinical risk meetings, which were held weekly and attended by senior staff from all disciplines. All incidents were reported to the MHC in accordance with the Code of Practice.

ECT FOR VOLUNTARY PATIENTS

Use: ECT was provided twice weekly in the hospital both to in-patients and outpatients.

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

Justification for this rating:

The ECT suite was inspected, together with a number of files. The Inspectorate met with the nursing and medical staff with responsibility with ECT. On the day of inspection, all patients receiving ECT had consented to the treatment. The staff had received external accreditation for their ECT procedures. Nursing staff were receiving ongoing training in the area. There was an ongoing clinical trial in place. There was a detailed ECT treatment booklet that was kept with the clinical file.

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

SECTION 60 – ADMINISTRATION OF MEDICINE

There was no patient to whom Section 60 applied on the day of inspection.

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

There was no patient to whom this applied on the day of the inspection. It was the policy of the hospital not to admit children who were detained.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

A meeting was held with a representative number of the consumer council and the hospital link person during the inspection. The council outlined their terms of reference and goals for 2009. Attendance at the hospital board meeting was set to commence in May 2009. A member of the group was also on the National Service User Council. The council reported that they were actively consulted by the hospital on a wide range of issues and were active contributors to the process.

OVERALL CONCLUSIONS

The Inspectorate was impressed by the eagerness of the staff to implement change and strive for full compliance with the Regulations. They had have worked extremely hard at developing and implementing a team-based approach to service delivery. There were clear benchmarks and processes in place to measure quality. Clinical audit was ongoing and effective in bringing about change. There was a real commitment to service user involvement in the planning and delivery of services.

RECOMMENDATIONS 2009

1. Each resident should have an individual multidisciplinary care and treatment plan as defined in the Regulations. The service should have a timeline-based action plan to introduce the changes highlighted by the recent audit.
2. All staff working with children must have Garda clearance.