

Report of the Inspector of Mental Health Services 2011

EXECUTIVE CATCHMENT AREA	Independent Sector
HSE AREA	Independent sector
MENTAL HEALTH SERVICE	St. Patrick's University Hospital
APPROVED CENTRE	St. Patrick's University Hospital
NUMBER OF WARDS	8
NAMES OF UNITS OR WARDS INSPECTED	Dean Swift Grattan Kilroot Eating Disorder Programme
TOTAL NUMBER OF BEDS	238
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	22, 23 November 2011

OVERVIEW

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

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

DESCRIPTION

The approved centre, which was founded some 260 years ago by Jonathan Swift, Dean of St. Patrick's Cathedral because "... no nation needed it so much...", was in 2011 the largest independent, not-for-profit mental health service in Ireland and provided 12% of the country's total in-patient care and treatment. Three thousand persons had availed of St. Patrick's University Hospital (SPUH) in-patient and day care services during the previous year and 5,000 persons had used associated satellite clinics. The in-patient services were organised around a core of specialist clinical programmes, which were all multidisciplinary, evidence based and delivered within a quality which included robust service user input and review.

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

COMPLIANCE RATING	2009	2010	2011
Fully Compliant	28	30	30
Substantial Compliance	2	0	0
Minimal Compliance	0	0	0
Not Compliant	0	0	0
Not Applicable	1	1	1

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
Dean Swift	31	28	Psychosis recovery, General Adult
Grattan	35	34	Anxiety, General Adult
Eating Disorders Programme	7	7	Eating Disorders, General Adult
Kilroot	31	28	Uni-polar Depression, General Adult

QUALITY INITIATIVES

- A benzodiazepine and night sedation audit had been completed.
- A lithium prescription and monitoring audit had been completed.
- An audit on vitamin supplementation for service users during alcohol withdrawal had been completed.
- A “Welcome and Information Pack” which included a charter of patient and family rights and responsibilities, resident information booklet and programme of activities had been completed.
- A survey of service user’s experiences of SPUH had been completed.
- A designated person for the protection of the child and vulnerable adult had been appointed.
- A suite of web based services and supports had been established and a web administrator had been appointed in June 2010.
- A review of the provision of information on medications to residents had been completed.
- A Recovery Information Sessions and Education (RISE) group had been introduced and was available to all residents. This group addressed practical everyday challenges in the recovery process both within an inpatient setting and at home.
- A “Spears of Daylight” project brought together the creative writing of some 30 residents and the art work of professional artists who developed site-specific contemporary art installations based on the residents’ work. The exhibition was held in the hospital.
- A Level 11 anxiety disorders programme had been developed incorporating mindfulness and individual cognitive restructuring work and behavioural experiments.
- A national programme for transition year students had been developed and was managed by the human resource department. This mental health awareness programme incorporates a twice yearly week-long programme for transition year students in SPUH.
- The Consumer and Carer’s Council won a commendation at the Irish Medical Times Healthcare awards.

PROGRESS ON RECOMMENDATIONS IN THE 2010 APPROVED CENTRE REPORT

1. A hospital-wide review of benzodiazepine and night sedation prescribing should take place.

Outcome: The Clinical Governance Committee had overseen a clinical audit of the use of benzodiazepines and night sedation. A new policy had been implemented in which non-consultant hospital doctors (NCHDs) did not prescribe PRN (as required) benzodiazepines and night sedation.

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

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

Article 4: Identification of Residents

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

Justification for this rating:

Inspection of this Article was based on self-assessment.

Article 5: Food and Nutrition

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

Justification for this rating:

Inspection of this Article was based on self-assessment.

Article 6 (1-2): Food Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	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:

Inspection of this Article was based on self-assessment and an environmental health officer's report was available.

Article 7: Clothing

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

Justification for this rating:

Inspection of this Article was based on self-assessment.

Article 8: Residents' Personal Property and Possessions

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

Justification for this rating:

Inspection of this Article was based on self-assessment and the approved centre had written operational policies and procedures relating to residents' personal property and possessions.

Article 9: Recreational Activities

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	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:

Assessment of this Article was based on self-assessment.

Article 10: Religion

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

Justification for this rating:

Inspection of this Article was based on self-assessment.

Article 11 (1-6): Visits

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

Justification for this rating:

Inspection of this Article was based on self-assessment and there was an up-to-date policy and written operational procedures in place on visits.

Article 12 (1-4): Communication

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

Justification for this rating:

Inspection of this Article was based on self-assessment and there were up-to-date policies in place regarding communication.

Article 13: Searches

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

Justification for this rating:

Inspection of this Article was based on self-assessment and there were up to date policies in place regarding searching residents, with and without consent and on the finding of illicit substances.

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

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

Justification for this rating:

Inspection of this Article was based on self-assessment and there was an up-to-date policy in place on the care of residents who are dying.

Article 15: Individual Care Plan

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>		X	X
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:

Individual clinical files were inspected on all four units visited by inspectors, and all contained individual care plans (ICPs) as required by the Regulations. The multidisciplinary ICPs were of a high standard and were informed by excellent admission and follow-up assessments, including standardised assessments specific to the relevant mental illness or domain of care. Residents were fully involved in the ICP process and signed their ICP and retained a copy if they wished to do so. The ICPs clearly recorded the needs, goals, interventions required and who was responsible for delivering these, and the review and outcome of care. The MDT had taken care in all instances to record the residents' own words in the ICPs and this helped frame ICPs that were faithful to individual preferences and needs.

Article 16: Therapeutic Services and Programmes

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>		X	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:

Individual care plans clearly specified the therapeutic interventions and programmes to be delivered to meet assessed need. The in-patient programmes of treatment and therapies were periodically reviewed by the senior clinical management. In addition to core programmes focused on particular domains of mental illness, there were also programmes of general interest and individual therapies which aimed to address all areas of a person's life affected by mental illness.

The core clinical programmes included: eating disorder programme; depression recovery programme; bipolar affective disorder programme; young adult programme; alcohol and chemical dependence programme; dual diagnosis programme; anxiety disorder programme; psychosis recovery programme; a memory clinic; an "Evergreen" programme for depression and dementia in later life; cognitive behaviour therapy and a living through distress programme with a focus on self-harming behaviour. Programmes were delivered on a group and individual basis and were clearly specified and outcomes recorded in the individual clinical file. Individual therapies were provided by members of the MDT and included systemic family therapy, CBT, psychotherapies, occupational therapy.

The therapeutic services which were of general application to all residents included: a twilight club; a relaxation room; a gym; a library with extensive self-help literature and a staffed information centre; a recovery information sessions and education programme (RISE) which ran both during the week and at the week-end; an activities centre which provided creative therapies, including pottery, arts and crafts, computer room. The twilight club was to be commended for its innovative programme of activities which were available two mornings a week, in the evenings and on Sundays. This

programme helped individuals to develop a range of leisure and creative activities. One of the twilight club coordinators and a professional artist and arts facilitator, had organised and facilitated a “Spears of Daylight” process and exhibition involving 30 residents and a host of professional artists. The creative writing of residents inspired a site-specific contemporary art exhibition in the hospital.

Article 17: Children's Education

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	NOT APPLICABLE
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:

SPUH did not admit anyone under 18 years of age and had a policy to this effect. Willow Grove Adolescent Mental Health Service had opened in SPUH in late 2010 and catered for children.

Article 18: Transfer of Residents

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

Justification for this rating:

All relevant information about the resident was provided to the receiving approved centre or hospital upon transfer of the resident. The approved centre had a written policy and procedures on the transfer of residents.

Article 19 (1-2): General Health

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	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:

One resident in the Dean Swift and one resident in Grattan had been in hospital for a period in excess of six months and a full physical examination was recorded in the individual clinical files. SPUH had a policy and procedures for responding to medical emergencies. Residents had access to national screening programmes as required.

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

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

Justification for this rating:

SPUH was outstanding in its attention to the delivery of information to residents and their families. There was a Service User Welcome and Information Pack which had been drawn up in consultation with the hospital's Consumer and Carers Council. This was available in booklet form and electronically. This pack provided an explanation and details on housekeeping arrangements, pastoral care, MDT, key worker, hospital facilities such as the twilight club, gym, library, relaxation room, hairdressing, shop, visiting facilities, meals and dietary requirements. There was information on advocacy services. Information was provided to all residents on diagnosis, medication and side-effects, and on specialist treatment programmes.

Article 21: Privacy

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

Justification for this rating:

Residents' privacy and dignity were respected throughout the approved centre. All bed areas were appropriately screened.

Article 22: Premises

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

Justification for this rating:

The original hospital was built in 1747 and the building had been augmented in each of the following three centuries. The decor, maintenance and layout throughout the hospital, including the oldest part, were of a high standard. This had been achieved by an on-going programme of maintenance and development. It was evident that considerable consideration had been applied to the creation of an environment which was open and welcoming, brightly coloured and with art work throughout, all of which made for an optimistic and respectful therapeutic space.

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

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

Justification for this rating:

Inspection of this Article was based on self-assessment and there were up-to-date relevant policies on the ordering, prescribing, storing and administration of medication.

Article 24 (1-2): Health and Safety

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

Justification for this rating:

Inspection of this Article was based on self-assessment and there was a health and safety statement and a fire inspection report available.

Article 25: Use of Closed Circuit Television (CCTV)

There was no CCTV in place in the clinical areas of the approved centre.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Dean Swift - Special Care - Main Ward	CNM1	1	0
	RPN	4	4
	CNM 2	1	0
	CNM1	1	0
	RPN	2	2
Grattan	CNM1	1	0
	RPN	4	2
Kilroot	CNM1	1	0
	RPN	4	2
Eating Disorders Programme	APN	0.5	0
	CNS	0.5	0
	RPN	2	1

Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Advanced Nurse Practitioner (ANP), Clinical Nurse Specialist (CNS), Non Consultant Hospital Doctor (NCHD).

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

Justification for this rating:

The staff training log indicated that all staff training was up-to-date and addressed all of the required areas. It was the approved centre policy that heads of departments evaluated staff training and education needs on an on-going basis and the human resources department allocated the annual training and education budget. The approved centre had educational links with the University of Dublin, Trinity College, and was an educational partner in several specialist clinical programmes.

Psychology, social work, occupational therapy was available to all residents. Each ward had an identified pharmacist. There was a full complement of nursing staff on all wards, including ANP and CNS as appropriate to the specialist treatment programmes being provided.

The approved centre had policies on the recruitment, selection and vetting of staff.

Article 27: Maintenance of Records

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

Justification for this rating:

Inspection of this Article was based on self-assessment and there were up-to-date policies on records in place.

Article 28: Register of Residents

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

Justification for this rating:

Inspection of this Article was based on self-assessment.
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Article 29: Operating policies and procedures

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

Justification for this rating:

All of the required policies and procedures were up to date and maintained in a readily accessible manner.

Article 30: Mental Health Tribunals

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

Justification for this rating:

Inspection of this Article was based on self-assessment.

Article 31: Complaint Procedures

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

Justification for this rating:

Inspection of this Article was based on self-assessment and the approved centre had written operational policies and procedures relating to the making, handling and investigation of complaints, including a Consumer and Carers Council.

Article 32: Risk Management Procedures

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

Justification for this rating:

Inspection of this Article was based on self-assessment and there was an up-to-date risk management policy and an excellent risk assessment in place.

Article 33: Insurance

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

Justification for this rating:

The insurance certificate was examined by the inspectors.

Article 34: Certificate of Registration

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

Justification for this rating:

Inspection of this Article was based on self-assessment.

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

SECLUSION

Use: The approved centre did not use seclusion.

ECT (DETAINED PATIENTS)

Use: There was no detained patient receiving electroconvulsive therapy (ECT) at the time of inspection.

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			
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Justification for this rating:

There was an excellent ECT information booklet available that had been newly developed with a section for families and carers. This booklet provided information in a step-by-step manner with colour coded pages which acted as a guide depending on the resident's level of concentration and the amount of information sought by the resident or carer. It was written in plain English and contained photographs and illustrations.

The ECT suite was fully equipped and had a waiting area, administration room and recovery room. There was a consultant psychiatrist with responsibility for ECT and there were nursing staff trained in ECT.

MECHANICAL RESTRAINT

Use: Mechanical restraint was not used in the approved centre.

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

PHYSICAL RESTRAINT

Use: Physical restraint was used in Dean Swift Unit.

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 Clinical Practice Form Book was examined. All forms had been correctly completed and were stored in the residents' clinical files. Physical restraint had been documented in the clinical file. There was an opportunity for the resident to discuss the physical restraint and the next of kin were informed. The physical restraint was discussed at the multidisciplinary team meeting. There was a policy regarding physical restraint which was up to date. Staff had been trained in the management of violence and aggression and a training record was available.

ADMISSION OF CHILDREN

Description: Children were not admitted to the approved centre.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: One resident of the approved centre had died whilst out on leave in 2011 up to the time of inspection.

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

Justification for this rating:

All incidents were recorded and a record of incidents was available to the Inspectorate. The death which had occurred had been reported to the Mental health Commission. The approved centre was compliant with Article 32 of the Regulations on risk management. There was a risk manager identified in the approved centre.

ECT FOR VOLUNTARY PATIENTS

Use: ECT was administered in the approved centre. St. Patrick's Hospital also provided ECT for other approved centres.

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:

There was an excellent information booklet available that had been newly developed with a section for families and carers. The ECT suite was fully equipped and had a waiting area, administration room and recovery room. There was a consultant psychiatrist with responsibility for ECT and there were nursing staff trained in ECT. Consent was signed for the programme of ECT and for all administrations of ECT. ECT was prescribed in the clinical file. Full assessments of the residents receiving ECT had been completed. There was an excellent ECT treatment pack which was stored in the resident's clinical file.

ADMISSION, TRANSFER AND DISCHARGE

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

Part 2 Enabling Good Practice through Effective Governance

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

There were up-to-date policies on admission, discharge and transfer. Each resident had a key worker. The approved centre was compliant with Article 32 of the Regulations on risk management and with Article 8 on personal property and possessions.

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:

There was a dedicated admission suite. The decision to admit was made by the consultant psychiatrist. A full assessment took place including physical and psychiatric assessment. A detailed risk assessment was completed and reviewed by the MDT. Each resident had an individual care plan and key worker. The approved centre was compliant with Article 20 of the Regulations on information, Article 27 on maintenance of records, Article 7 on clothing and Article 8 on personal possessions and property.

Part 4 Transfer Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

Transfers took place both within the approved centre and to other hospitals. Within the hospital the clinical file accompanied the resident. Otherwise a letter was sent to the receiving hospital. The approved centre was compliant with Article 18 of the Regulations on the transfer of information.

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 decision to discharge was taken by the consultant psychiatrist and the multidisciplinary team and documented in the resident's clinical file. Discharge planning took place as part of the individual care plan. The family/care and the resident were involved in the discharge process. A discharge summary was prepared and a discharge letter was sent to the general practitioner. Follow-up appointments at outpatients were arranged.

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

Description: People with intellectual disability were not admitted to the approved centre and there was a policy to this effect.

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: No detained patient was in hospital for more than three months.

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

Description: Children were not admitted to the approved centre.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

A number of service users spoke with the Inspectorate. All were very pleased with their level of care and were aware of their individual care plan.

OVERALL CONCLUSIONS

For the second year in succession, St. Patricks University Hospital (SPUH) was compliant with all the Regulations and the Codes of Practice. The Rules did not apply as seclusion and mechanical restraint were not used and no detained patient had received ECT. It was a credit to all staff that full compliance was again achieved and indeed staff throughout showed enthusiasm and a commitment to improve standards within the hospital. The support of ancillary staff such as catering, housekeeping and maintenance was evident in the high standards in decor, catering and cleanliness across the hospital.

SPUH presented as a modern, specialist, welcoming and open mental health centre. The entrance to the hospital had an open aspect with a busy coffee shop, seating areas with computers, and an excellent information centre near the main door. All units and services were well sign-posted throughout the building. The governance in SPUH was a strong feature underpinning all aspects of care. A Consumer and Carer's Council had been in operation some ten years and provided a detailed critique of all aspects of a service user's experience and this had evidently been taken on board and had contributed to the quality improvement programme.

Each resident had an individual care plan and there were extensive, flexible and appropriate therapeutic services and specialist treatment programmes. The hospital maintained a strong education and research link with Trinity College and treatment programmes were informed by research. Documentation was of a high standard, well ordered and easily retrievable.

The use of benzodiazepines had fallen considerably since the introduction of new prescribing practices.

St. Patrick's Hospital provided excellent care and treatment for residents.

RECOMMENDATIONS 2011

The Inspectorate made no recommendations for St. Patrick's University Hospital.