

## Report of the Inspector of Mental Health Services 2010

<b>EXECUTIVE CATCHMENT AREA</b>	Independent Sector
<b>HSE AREA</b>	Independent Sector
<b>CATCHMENT AREA</b>	Independent Sector
<b>MENTAL HEALTH SERVICE</b>	Independent Sector
<b>APPROVED CENTRE</b>	St. Patrick's Hospital Dublin
<b>NUMBER OF WARDS</b>	8
<b>NAMES OF UNITS OR WARDS INSPECTED</b>	Dean Swift  Stella  Delaney
<b>TOTAL NUMBER OF BEDS</b>	238
<b>CONDITIONS ATTACHED TO REGISTRATION</b>	No
<b>TYPE OF INSPECTION</b>	Announced
<b>DATE OF INSPECTION</b>	11 March 2010

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

### **INTRODUCTION**

In 2010, 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 2009 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 2009. Information was gathered from self-assessments, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

### **DESCRIPTION**

St. Patrick's Hospital was an independent hospital. It offered private psychiatric care and was situated on its own campus. All beds were acute admission beds and it accepted referrals from all parts of the country. The building was a mixture of old and new structures but was in good condition. A new adolescent unit was currently being constructed and was due to be operational from April 2010. The service had five community services available in Dublin and Cork.

### **DETAILS OF WARDS IN THE APPROVED CENTRE**

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Dean Swift	31	28	General Adult
Stella	31	31	General Adult and Child and Adolescent Mental Health Service
Delaney	32	32	General Adult
Kilroot	31	31	General Adult
Vanessa	33	33	General Adult
Grattan	35	35	General Adult
Laracor	38	38	General Adult
Eating Disorder Programme	7	7	General Adult

## QUALITY INITIATIVES

- The child and adolescent team had been appointed and were awaiting the opening of the new adolescent unit later in the year. The team will include a teacher to facilitate children's educational needs. Service users participated in the interviews for the above staff member.
- A nominated service user attended the Board of Governors meetings and contributed to governance in the hospital.
- A policy on the approved centres relationship with the pharmaceutical industry had been developed.
- In 2009 a support and information service (telephone and email) was established to act as a central contact point for service users, relatives, healthcare professionals and the general public.
- The approved centre now had five community services available in Dublin and Cork.
- A key-worker system was in place.
- A child protection audit had been carried out that examined child protection practices in place from 1975 to 2009.
- In 2009 a hospital campus Assessment Unit was established and resourced with its own dedicated team including a CNM2, registrar and administrator.
- The Bipolar Programme had been updated to offer educational and supportive interventions in the post acute phase of the person's illness.
- A men's programme and a psychosis recovery programme was now offered.

## PROGRESS ON RECOMMENDATIONS IN THE 2009 APPROVED CENTRE REPORT

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.

Outcome: Individual care plans had been amended with service user consultation and were being implemented.

2. All staff working with children must have Garda clearance.

Outcome: Children were only admitted to Stella ward and all staff there had been vetted by An Garda Síochána. There was agreement that all future staff appointed to the service would be Garda vetted. However, about 40% of existing staff still did not have Garda clearance.

**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
<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>		

**Article 5: Food and Nutrition**

---

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

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

---

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Article 7: Clothing**

---

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

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

---

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		



**Article 9: Recreational Activities**

---

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Article 10: Religion**

---

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

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

---

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

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

---

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Article 13: Searches**

---

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

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

---

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Article 15: Individual Care Plan**

---

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>X</b>	
<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>		

**Justification for this rating:**

All residents had an individual care plan which they signed and received a copy. Residents were given an opportunity to contribute to their individual care plan prior to each team meeting.

**Article 16: Therapeutic Services and Programmes**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>X</b>	
<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>		

**Justification for this rating:**

A wide range of therapeutic services and programmes were available to residents and documented in the individual care plans. Residents could attend a range of psycho-education programmes and therapeutic services including anxiety and depression and psychosis groups. In addition a recovery group was available to people on an out-patient basis. Therapeutic services and programmes were documented in the individual care plans.



**Article 17: Children's Education**

---

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Justification for this rating:**

Children's education was facilitated. One child in Stella ward had been able to study for a school examination at the desk in their room.

**Article 18: Transfer of Residents**

---

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Justification for this rating:**

There was a policy on the transfer of residents.

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

---

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Justification for this rating:**

Residents had access to general health services and national screening programmes. A policy with an appropriate review date was in place. The service had close links with St. James's Hospital. The clinical file of one service user, who was resident for a period longer than six months, was examined. The six-monthly physical review had been completed.

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

---

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Justification for this rating:**

The service had an excellent information resource system in operation, which was available to all residents, both in hard copy and on-line. Notice boards in the wards provided information on facilities and services available. Contact details for the advocacy service were also available. Information was provided on the Twilight group which facilitated a wide range of activities in the evenings and at weekends. A policy was available with appropriate review date.

**Article 21: Privacy**

---

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Justification for this rating:**

Privacy and dignity of residents was respected. All bed areas were appropriately screened.

**Article 22: Premises**

---

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Justification for this rating:**

The hospital appeared in good condition: clean bright and well maintained, despite some parts of the building being very old. Parts of the building were being enhanced to facilitate the opening of the Child and Adolescent Service, which would have a separate entrance.

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

---

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

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

---

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		



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

---

There was no CCTV in place in the approved centre.

**Article 26: Staffing**

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Dean Swift	Nursing	CNM 2,CNM 1 and 9 staff nurses until 6 pm	6 staff nurses after 6 pm
Stella Ward	Nursing	CNM 1+ 4 staff nurses	2 staff nurses
Delaney Ward	Nursing	CNM1 + 4 staff nurses	2 staff nurses
All wards	Psychology	Available through programmes and teams	0
	Social work	Sessional through team	0
	Occupational therapist	Available through programmes and teams	0

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Justification for this rating:**

Psychology, social work and occupational therapy was available to all residents. There was sufficient nursing staff on the wards. Training in Crisis Prevention Intervention (CPI) had taken place. A staff training record was available and was examined.

**Article 27: Maintenance of Records**

---

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Article 28: Register of Residents**

---

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Article 29: Operating policies and procedures**

---

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Article 30: Mental Health Tribunals**

---

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Article 31: Complaint Procedures**

---

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		



**Article 32: Risk Management Procedures**

---

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Article 33: Insurance**

---

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Article 34: Certificate of Registration**

---

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

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

### **SECLUSION**

---

**Use:** Seclusion was not used by the approved centre. The approved centre had a policy stating this.

## ECT (DETAINED PATIENTS)

**Use:** ECT was used by the approved centre. The clinical file of one detained patient who was not consenting to ECT was examined.

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	X			
6	Patient assessment	X			
7	Anaesthesia	X			
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 register was examined. The patient's clinical file was examined. All documentation in relation to this course of ECT was of a high standard; ECT was Electroconvulsive Therapy Accreditation Service (ECTAS) approved. The ECT facilities were examined. There was a named consultant psychiatrist with overall responsibility for the management of ECT. There were two designated ECT nurses.

## **MECHANICAL RESTRAINT**

---

**Use:** Mechanical restraint was not used by the approved centre. Mechanical restraint for enduring risk of self-harm was used by the service under Part 5 of the Rules. In the wards inspected, no resident was being mechanically restrained under Part 5 of the Rules.

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

### PHYSICAL RESTRAINT

**Use:** Physical restraint was used by the approved centre. The clinical files of two residents who had been physically restrained were examined.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
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 had been completed. There was evidence that the next-of-kin had been notified of the episodes of physical restraint. Documentation regarding both episodes of physical restraint was of a high standard.



## ADMISSION OF CHILDREN

**Description:** The centre admitted children following referral from the primary care teams or their treating clinical team. Three children were resident at the time of inspection. All three were voluntary.

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

### Justification for this rating:

A full therapeutic programme was available. All staff were trained in relation to the care of children. All children had parental consent documented in their clinical files. It was reported that the new adolescent unit was due to be completed by the end of April 2010. The Inspectorate were shown around the unit in accordance with health and safety policies and procedures.

## NOTIFICATION OF DEATHS AND INCIDENT REPORTING

**Description:** All deaths and incidents were notified to the Mental Health Commission.

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 service reported all incidents and there was a database of incidents. All incidents were followed up and where necessary a root cause analysis was performed.

## ECT FOR VOLUNTARY PATIENTS

**Use:** In the wards inspected, no resident was undergoing a course of ECT.

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

**Justification for this rating:**

The ECT facilities were inspected. They were of a high standard and ECT was Electroconvulsive Therapy Accreditation Service (ECTAS) approved.

## ADMISSION, TRANSFER AND DISCHARGE

---

### Part 2 Enabling Good Practice through Effective Governance

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
X			

Justification for this rating:

There was a policy on admissions. Each resident had a risk assessment.

### 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	COMPLIANCE INITIATED	NOT COMPLIANT
X			

**Justification for this rating:**

There were assessments on admission. Each resident had a key worker and an individual care plan. There was evidence of peer advocacy involvement.

## Part 4 Transfer Process

*The following aspects were considered: 25. Transfer criteria, 26. decision to transfer, 27. assessment before transfer, 28. resident involvement, 29. multi-disciplinary 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	COMPLIANCE INITIATED	NOT COMPLIANT
X			

Justification for this rating:

There was a policy on transfer of residents. Referral letters and medication details followed the resident on transfer.

## Part 5 Discharge Process

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

### Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
X			

### Justification for this rating:

There was a policy on discharge. Each individual care plan had an attached discharge plan. The multidisciplinary team and the service user were involved in discharge plan. There were follow-up appointments and group therapy available after discharge. The general practitioner was informed on discharge.

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

---

**Description:** No person with intellectual disability and mental illness was admitted to the approved centre.

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

### **SECTION 60 – ADMINISTRATION OF MEDICINE**

---

**Description:** In the wards inspected, no patient had been detained for a period longer than three months.

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

---

**Description:** All children were voluntary.



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

#### SERVICE USER INTERVIEWS

The Consumer Council met with the Inspectorate. No resident requested to speak with the Inspectorate.

#### MEDICATION

The prescription sheets were of good quality. A signature bank was on each sheet. The prescriptions were legible. In most cases the additional space was not used to document indications for as required (PRN) use. However frequency of PRN administration was indicated.

Approximately two thirds of residents were prescribed benzodiazepines. Thirty five percent were on regular benzodiazepine prescriptions and 42% were prescribed PRN benzodiazepines. There were 59% of residents on night sedation (either regular or PRN).

#### MEDICATION ACUTE

<b>NUMBER OF PRESCRIPTIONS:</b>	<b>90</b>
Number on benzodiazepines	<b>56 (62%)</b>
Number on more than one benzodiazepine	<b>16 (18%)</b>
Number on regular benzodiazepines	<b>32 (35%)</b>
Number on PRN benzodiazepines	<b>38 (42%)</b>
Number on hypnotics	<b>53 (59%)</b>
Number on Non benzodiazepine hypnotics	<b>40 (44%)</b>
Number on antipsychotic medication	<b>62 (69%)</b>
Number on high dose antipsychotic medication	<b>0</b>
Number on more than one antipsychotic medication	<b>7 (8%)</b>
Number on PRN antipsychotic medication	<b>10 (11%)</b>

Number on antidepressant medication	<b>51 (57%)</b>
Number on more than one antidepressant	<b>1 (1%)</b>
Number on antiepileptic medication	<b>10 (11%)</b>
Number on Lithium	<b>21 (23%)</b>

## OVERALL CONCLUSIONS

St. Patrick's Hospital provided excellent quality of care to its residents. All individual care plans were in place and up to date and there were wide-ranging activities and therapeutic groups and sessions for the residents. There was an excellent information system and service users were actively involved in all aspects of the service through the Consumer Council. There were a number of important quality initiatives that had brought about tangible improvements to the service. Staff were enthusiastic and proud of their service. The child and adolescent unit would be a welcome addition to the range of services in St. Patrick's Hospital. The level of benzodiazepine prescribing and prescription of night sedation was high but the quality of the prescription sheets was good. The approved centre achieved full compliance in the Regulations, Rules and Codes of Practice.

## RECOMMENDATIONS 2010

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