

## Report of the Inspector of Mental Health Services 2009

<b>MENTAL HEALTH SERVICE</b>	HSE Dublin Mid Leinster
<b>APPROVED CENTRE</b>	Central Mental Hospital
<b>CATCHMENT AREA</b>	National Service
<b>NUMBER OF WARDS</b>	8
<b>NAMES OF UNITS OR WARDS INSPECTED</b>	Unit A Unit 1 Unit 2 Unit 4
<b>TOTAL NUMBER OF BEDS</b>	93
<b>CONDITIONS ATTACHED TO REGISTRATION</b>	No
<b>TYPE OF INSPECTION</b>	Announced
<b>DATE OF INSPECTION</b>	28 July 2009

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

### **DESCRIPTION**

The Central Mental Hospital provided the only in-patient forensic service in Ireland. There were 93 beds in the hospital. The hospital was divided into three clusters of units: the acute cluster (Units A and B), the medium cluster (units 1, 2 3, 4 and 7) and the rehabilitation and recovery cluster (Laurel Lodge residence on the grounds of the hospital). There was also a community residence with 6 beds where residents sleep six nights out of seven, returning to the hospital one night a week.

The hospital was built in 1850 and the exterior and interior reflect this. The hospital units were old-fashioned, run down and did not provide accommodation that would be considered adequate for a modern forensic service. The bedrooms were mostly small, the day rooms large and cavernous, and the corridors long and wide. Units A and B were newer units in the grounds of the hospital. They were small and were also inadequate for purpose. There were no minor or major capital budgets for 2009, therefore no renovations or refurbishments could take place.

Unit A was the women's forensic in-patient service. All levels of care and security were provided in this unit, which led to difficulties in providing appropriate care. There was a lack of rehabilitation, recovery and community accommodation for women. However there had been a concerted effort by multidisciplinary and nursing staff to provide an individual level of care and treatment for women. The unit was well run and provided a wide range of therapeutic and recreational activities for the women.

Unit 4 catered for men who had a history of difficult and aggressive behaviour. Previously, when cared for on other wards, these men had been frequently secluded and physically restrained because of their limited ability to cope on larger wards. Their accommodation on Unit 4 resulted in a significant reduction in violent and aggressive behaviour. In the past the unit was under the care of one consultant psychiatrist, which worked well in terms of comprehensive and consistent ward management, but now the residents were under the care of different consultants. The current arrangement had the advantage of having more health and social care professionals working on the ward, but needed to be monitored in terms of comprehensive management of these particular residents.

A new integrated care pathway (ICP) was currently being introduced throughout the service. This was very comprehensive and reflected five pillars of care: physical care, mental health care, drugs and alcohol rehabilitation, and criminogenicity and social, occupational and family care. There had been input from residents into the ICP, as well as input from all staff. There were a number of therapies available which had recently been introduced. As well as cognitive behaviour therapy (CBT) and dialectical behaviour therapy (DBT) there was also controlling anger and learning management (CALM) and stress and anger management (SAM).

A number of posts had been lost in recruitment embargos. There was a vacant occupational therapy post and two psychology posts. There were also 18 vacant nursing posts that were currently being covered by overtime and this had put considerable strain on the service.

## DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Unit A	8	8	Forensic teams
Unit B	12	12	Forensic teams
Unit 1	10	10	Forensic teams
Unit 2	16	16	Forensic teams
Unit 3	16	16	Forensic teams
Unit 4	6	6	Forensic teams
Unit 7	15	15	Forensic teams
Hostel Ward	10	10	Forensic teams

## QUALITY INITIATIVES

- An ICP was currently being introduced throughout the hospital.
- A residents' forum had been formed. This met every two weeks and engaged with the management team.
- The service now had its own computer server and were in the process of developing electronic records.
- A number of therapies were available including recovery programmes, carers' education, DBT, CALM, SAM, CBT, and a core enhanced thinking skills programme.
- A resident was a member of the policy committee.
- There was a consent to treatment form for all residents.

## PROGRESS ON RECOMMENDATIONS IN THE 2008 APPROVED CENTRE REPORT

1. *The process to provide new accommodation should continue as quickly as possible.*

**Outcome:** There has been no progress on the provision of alternative accommodation for the Central Mental Hospital.

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

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

**Article 4: Identification of Residents**

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

**Justification for this rating:**

All residents had a photo ID in both medication files and clinical files. Photo ID was also used on medication boxes in Unit A for women who were on a programme of self-medication.

**Article 5: Food and Nutrition**

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

**Justification for this rating:**

There was a water dispenser in each ward. There was a menu available with a choice of foods. and special diets were catered for. Members of the residents' forum met regularly with the catering department.

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

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

**Justification for this rating:**

A food safety certificate was available. The majority of deficits identified in the report had been addressed.

**Article 7: Clothing**

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

**Justification for this rating:**

All residents wore their own clothes. Extra clothing was provided if required.

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

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

**Justification for this rating:**

A list of property was obtained on admission to each ward.

**Article 9: Recreational Activities**

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

**Justification for this rating:**

There were a number of recreational activities available. These included swimming, gym, a film club, TV and a walking group.

**Article 10: Religion**

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

**Justification for this rating:**

There was a chapel on the grounds and chaplaincy services for Roman Catholic and Church of Ireland members were provided. All religions were catered for.

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

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

**Justification for this rating:**

There were strict visiting times throughout the week. Visits took place in a communal area or on Unit B. There was a separate area for those visiting with children. All visits were supervised.

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

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

**Justification for this rating:**

Residents were free to receive phonecalls. Mobile phones were not permitted unless the resident was on community leave. Post was opened by residents in the presence of staff. A communications log was kept.

**Article 13: Searches**

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

**Justification for this rating:**

Searches were carried out with consent as far as possible. There was a policy on searching both with and without consent.

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

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

**Justification for this rating:**

There was a policy on the care of the dying.

**Article 15: Individual Care Plan**

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

**Justification for this rating:**

On Unit A and Unit 4, all residents had an individual care plan as defined in the Regulations. In the Acute cluster, an integrated care pathway had been introduced. This was in the process of being introduced in the medium cluster. Residents had copies of their individual care plans. Residents in Unit 1 and Unit 2 had treatment and care plans. The multidisciplinary team met weekly and the care plan was reviewed every six months.

**Article 16: Therapeutic Services and Programmes**

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

**Justification for this rating:**

Residents of all units had access to an appropriate range of therapeutic services and programmes in accordance with his or her individual care plan. These included VEC training, literacy and a garden project, as well as input provided by clinical psychologists, social workers and occupational therapists.

**Article 17: Children's Education**

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

**Justification for this rating:**

Children between the ages of 16 and 18 were rarely admitted to the Central Mental Hospital. Access to education could be provided through the VEC programme.

**Article 18: Transfer of Residents**

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

**Justification for this rating:**

Residents were transferred to other centres accompanied by a comprehensive discharge summary and correspondence from medical and nursing staff.

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

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

**Justification for this rating:**

In the clinical files examined in Unit A, Unit 1, Unit 2 and Unit 4, there was evidence that each resident's general health needs were assessed at least every six months.

The hospital had a primary care clinic every week. The hospital had a dental surgery and regular dental sessions were provided for residents.

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

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

**Justification for this rating:**

There was a comprehensive individual information folder for each resident that contained a copy of their individual care plan. An information leaflet was available, and information was given to residents on their rights within 24 hours of admission.

**Article 21: Privacy**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	
<b>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>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

Each resident had a single room. In Unit 1, it was possible to see into a number of toilets through observation points in the doors. There were no locks on the toilet doors.

**Breach:** Article 21

**Article 22: Premises**

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

**Justification for this rating:**

*Unit A:* This unit had been recently decorated and was bright and comfortable in appearance despite the limited space and the restrictions imposed by the building.

*Unit 4:* The residents' individual rooms were not clean and were not adequately ventilated. Two bedrooms were particularly foul-smelling. The walls in one room had mould growing on the wall and the walls in another room were dirty. Photographic evidence was taken. The Inspectorate requested that the senior management team viewed these rooms immediately following the inspection feedback to the service and address these issues urgently. This unit was dark and dreary and in need of refurbishment and redecoration. The kitchenette on the ward was in need of refurbishment and redecoration. There was no programme of routine maintenance or deep cleaning, particularly of bedrooms. The bedrooms were cleaned by staff and sometimes residents helped clean their own rooms. The Inspectorate returned to review the bedrooms two weeks after the inspection and they had been cleaned and the mould had been removed. The service reported that a review of the bedroom issues relating to the findings on the day of the inspection was taking place with a view to looking at flooring, ventilation and new beds.

*Unit 1 and Unit 2:* Both units were clean and ventilated. Both were old-fashioned in layout. The bedrooms were particularly small.

The entire hospital was unsuitable for the purpose of provision of in-patient forensic services by reason of its age and design.

**Breach:** Article 22 (1)(a), Article 22 (1)(b), and Article 22 (1)(c).

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

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

**Justification for this rating:**

Medication was provided through a private health care company in Dublin. It was reported that requests for additional supplies of medication were responded to promptly.

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

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

**Justification for this rating:**

There was a comprehensive health and safety statement available.

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

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

**Justification for this rating:**

CCTV was only provided in Unit B on external spaces and a small recreational area. Images were not recorded at the time of inspection. There was a policy available on the recording of CCTV that satisfied this Article.

**Article 26: Staffing**

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Unit 1	Nurse	3	3
Unit 2	Nurse	7	3
Unit A	Nurse	6	2
Unit 4	Nurse	5	3

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

**Justification for this rating:**

Although there was a shortage of nursing staff in the service, with 18 vacancies on the day of inspection, the units were fully staffed using the provision of overtime. Multidisciplinary team members attended the units on a sessional basis.

**Article 27: Maintenance of Records**

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

**Justification for this rating:**

Documentation in relation to food safety, health and safety and fire inspections was maintained by the service and was examined by the Inspectorate.

*Units A, Unit 1, Unit 2 and Unit 4:* The clinical files were in good order and it was easy to retrieve information. A separate clinical file was kept by the attending GP.

**Article 28: Register of Residents**

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

**Justification for this rating:**

There was a register of residents in accordance with the Regulations.

**Article 29: Operating Policies and Procedures**

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

**Justification for this rating:**

The approved centre had an excellent system in place for reviewing and updating policies and procedures. Policies were clearly identifiable and included implementation dates, review dates, who they were developed or reviewed by, who they were approved by, and what policies were related.

**Article 30: Mental Health Tribunals**

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

**Justification for this rating:**

All mental health tribunals are were facilitated.

**Article 31: Complaint Procedures**

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

**Justification for this rating:**

There was a robust complaints procedure available. Procedures for complaints were displayed prominently. A record of complaints was available.

**Article 32: Risk Management Procedures**

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

**Justification for this rating:**

A comprehensive risk management policy was in place.

**Article 33: Insurance**

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

**Justification for this rating:**

A certificate of insurance was available.

**Article 34: Certificate of Registration**

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

**Justification for this rating:**

The service was compliant.

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

**SECLUSION**

**Use:** Seclusion was used by the service. In Unit A, three patients, who were all no longer resident in the service, had been secluded since the beginning of 2009. The clinical files of these residents were not examined. The seclusion register was examined and was in order. In Unit 4, a small number of residents had been secluded on numerous occasions. Seclusion was not used in Unit 1 or Unit 2

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
2	Orders		X		
3	Patient dignity and safety	X			
4	Monitoring of the patient	X			
5	Renewal of seclusion orders	X			
6	Ending seclusion		X		
7	Facilities	X			
8	Recording	X			
9	Clinical governance		X		
10	Staff training	X			
11	CCTV	NOT APPLICABLE			
12	Child patients	NOT APPLICABLE			

**Justification for this rating:**

There was no evidence that next of kin were informed of the episode of seclusion. There was no evidence that residents were afforded the opportunity to discuss the episode with the multidisciplinary team. There was no evidence that each episode of seclusion was reviewed by the MDT.

**Breach:** Section 2.10, Section 6.3, and Section 9.2.

**ECT (DETAINED PATIENTS)**

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There were no ECT facilities on the premises. No patient was undergoing a course of ECT.

**MECHANICAL RESTRAINT**

**Use:** Mechanical restraint was used by the service. No resident on Unit A, Unit 1 or Unit 2 had been mechanically restrained. There had been six episodes of mechanical restraint using handcuffs on Unit 4.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
14	Orders	X			
15	Patient dignity and safety	X			
16	Ending mechanical restraint	X			
17	Recording use of mechanical restraint	X			
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:**

The mechanical register was completed in full. Handcuffs were only used when transferring a resident from the approved centre to another facility and never within the hospital. These episodes were planned in advance. No other form of mechanical restraint was used in the hospital.

**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 service. No resident had been restrained on Unit A. In Unit 2, the clinical practice forms were in order. No resident on Unit 1 had been physically restrained. In Unit 4, there had been four episodes of physical restraint from March to the date of inspection.

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:**

One clinical practice form had not been completed by the consultant psychiatrist and one had not been completed by the medical practitioner.

There was no evidence that next of kin had been informed of the restraint episode.

There was no evidence that residents had been afforded an opportunity to discuss the episode with the multidisciplinary team.

There was no evidence that each episode was reviewed by the multidisciplinary team.

**Breach:** Section 2.8, Section 2.10, Section 4.2, and Section 6.2.

**ADMISSION OF CHILDREN**

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No child under the age of 16 had been admitted. No child aged 16–18 had been admitted in the previous 12 months.

**NOTIFICATION OF DEATHS AND INCIDENT REPORTING**

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**Description:** The service was compliant.

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:**

A risk management policy was in place.

**ECT FOR VOLUNTARY PATIENTS**

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This was not applicable to the service.

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

**SECTION 60 – ADMINISTRATION OF MEDICINE**

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**Description:** This was relevant to one patient on Unit A and three residents on Unit 4. Unit 1 and Unit 2 were compliant.

SECTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
Section 60 (a)	<b>X</b>			
Section 60 (b)(i)	<b>X</b>			
Section 60 (b)(ii)	<b>X</b>			

**Justification for this rating:**

The service was compliant.

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

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

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

### **SERVICE USER INTERVIEWS**

One resident on Unit 4 asked to speak to the Inspectorate regarding a particular matter. The Inspectorate advised him to refer this matter to his legal team. One resident on Unit A asked to speak to the Inspectorate. She was concerned that the female forensic facilities continued to be limited and especially in terms of rehabilitation and recovery. She reported that, unlike the men's services, there were no wards to move on to once the acute phase of illness had passed, nor were there rehabilitation and recovery options such as hostels. Despite this she commented positively about the changes that had been introduced for the women especially the individual care plans, which she felt were relevant and tailored to their individual needs. She reported that the recent redecoration of the unit had made a positive difference, with the ward now being brighter and fresher.

The Inspectorate met with a representative of the patients' forum and the representative from the Irish Advocacy Network. The main concern of the residents was around Section 13 of the Criminal Law Insanity Act. Another concern was the withdrawal of snooker following an incident on one unit. Residents have been involved in policy formation (apart from policies dealing with security issues) and in the implementation of the integrated care pathway. There were regular meetings of the residents' forum and residents meet regularly with the broad senior management team.

### **OVERALL CONCLUSIONS**

The service was introducing an extremely comprehensive integrated care pathway which had had multidisciplinary and resident input. There was strong evidence of active service user input into the drawing up of policies, care planning and issues such as catering, provision of recreational activities and other areas of unit management. The residents' forum was strongly supported by the residents and staff.

There was extensive provision of both recreational and therapeutic activities as well as provision of therapies such as CBT, DBT, core and balance programmes, CALM and SAM. Instead of rigid boundaries regarding multidisciplinary working, the service endeavoured to provide the most appropriate personnel to provide a particular therapy.

The multidisciplinary and unit staff appeared enthusiastic and dedicated to providing a high standard of care and treatment. There was evidence of comprehensive collaboration on the management teams, across all the disciplines and with residents and carers.

The condition of the building was very poor. It was disappointing that there were currently no plans in place to rectify this since the recent withdrawal of Thornton Hall as an alternative site for in-patient care. It was most unsatisfactory that there appeared to be little prospect of providing modern forensic in-patient accommodation in the foreseeable future. There appeared to be a continuous battle to keep the fabric of the current building intact and allow the building to be habitable. However the presence of dirt and malodorous smells in Unit 4 was not excused by the poor condition of the building. Budgetary cutbacks had impacted on the frequency of cleaning and this was having an impact on the quality of residents' accommodation. Privacy issues around the toilets in Unit 1 required consideration as this was not an acute area and this level of observation was likely to be unnecessary.

### **RECOMMENDATIONS 2009**

1. Urgent decisions are required by the HSE and the Department of Health and Children on the provision of a modern forensic in-patient accommodation.
2. The cleaning of Unit 4 should be reviewed urgently and there should be adequate provision of cleaning to maintain a high standard of cleanliness.
3. Privacy issues around the toilets area in Unit 1 require review.
4. Vacancies and gaps in the multidisciplinary team staffing and in nursing staff should be rectified.

5. The residents' care and treatment on Unit 4 should be monitored to insure that residents have not been adversely affected by the change from one consultant to three consultants being responsible for the ward.