

Report of the Inspector of Mental Health Services 2010

EXECUTIVE CATCHMENT AREA	National Forensic Service
HSE AREA	Dublin Mid-Leinster
CATCHMENT AREA	National Forensic Mental Health Service
MENTAL HEALTH SERVICE	National Forensic Service
APPROVED CENTRE	Central Mental Hospital
NUMBER OF WARDS	8
NAMES OF UNITS OR WARDS INSPECTED	Unit A Unit B Unit 2 Unit 3 Unit 4 Unit 7
TOTAL NUMBER OF BEDS	93
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	7 October 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

The Central Mental Hospital provided the only in-patient forensic service in Ireland. There were 93 beds in the approved centre. The approved centre 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 approved centre). There was also a community residence with six beds where residents slept six nights out of seven, returning to the approved centre one night per week.

The approved centre was built in 1850 and the exterior and interior reflected this. The roof was undergoing major repair and the building was covered with scaffolding. The hospital units had high ceilings, large open internal spaces and run-down drab surroundings which made the provision of accommodation one would expect for a modern forensic service impossible. The bedrooms were mostly small and cell-like, dayrooms large and cavernous and corridors long and wide. Units A and B, the female and male admission forensic inpatient service respectively, were set in the grounds of the hospital and although newer than Units 1, 2, 3 and 4, which were situated in the main building, were still tight for space. Unit B had 14 beds in single rooms, but the Inspectorate was advised that the approved centre only used 12 of these. Unit 7 was separate from the main building and was slightly more spacious. Unit 7 was a low secure unit and was an open unit. Residents were not locked in their rooms at night.

Unit A continued to provide all levels of care and security which continued to lead to difficulties in providing appropriate care and treatment. There was a lack of rehabilitation and recovery and community accommodation for women. There were plans to move this unit to the main hospital where there would be more space and it would be possible to have a high observation area. There were also plans for some of the long term residents to transfer to the care and treatment of the consultant involved with the rehabilitation and recovery cluster.

An Integrated Care Pathway (ICP) had been introduced throughout the service. This reflected five pillars of care: physical care, mental health care, drugs and alcohol rehabilitation, criminogenicity and social, occupational and family care.

The current Health Service Executive recruitment embargo continued to pose a serious and considerable strain on the approved centre.

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Unit A	8	8	Acute Cluster
Unit B	12	12	Acute Cluster
Unit 1	10	10	Medium Support Cluster
Unit 2	16	16	Medium Support Cluster
Unit 3	16	16	Medium Support Cluster
Unit 4	6	6	Acute Cluster
Unit 7	15	15	Medium Support Cluster
Laurel Lodge	10	10	Rehabilitation and Recovery

QUALITY INITIATIVES

- The approved centre had plans to move Unit A, the women's service, to Unit 1 which would provide more space and allow a high dependency area.
- An advanced nurse practitioner post was being developed in forensic mental health.
- An additional specialist nursing post in challenging behaviour in intellectual disability was being established within existing resources.
- The five pillars of care within the Individual Care Plan were being consolidated.
- There was an ongoing audit of admission criteria with a view to designing an admission pathway.
- A service was being provided to St. Patrick's Institution out of existing resources. This will be reviewed in December 2010.

PROGRESS ON RECOMMENDATIONS IN THE 2009 APPROVED CENTRE REPORT

1. Urgent decisions were required by the Health Service Executive and the Department of Health and Children on the provision of modern forensic in-patient accommodation.

Outcome: No decision had been made on the modernisation of this service.

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.

Outcome: Unit 4 was clean, however Unit 2 was not. There were dirt and food particles on the floors of most bedrooms. There were films of dust and dirt coated in and around the radiators and skirting board rim and in some areas of the walls throughout the main ward, particularly in the main corridor areas.

3. Privacy issues around the toilet areas in Unit 1 required review.

Outcome: The privacy issues around the toilet areas in Units 1, 2 and 3 had not been rectified.

4. Vacancies within the multidisciplinary team staffing and in nursing staff should be rectified.

Outcome: The Health Service Executive recruitment embargo continued to pose a serious and considerable strain on the service.

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

Outcome: There was no evidence that the care of residents in Unit 4 had been compromised by the change from one consultant to three consultants.

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

Article 5: Food and Nutrition

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

Two residents were asked about the quality of food by the Inspectorate. One reported that the food was good. The other stated that chips were served a bit too frequently. But all in all, both were generally satisfied. In all units inspected, residents had access to a supply of fresh drinking water.

Article 6 (1-2): Food Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 7: Clothing

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 8: Residents' Personal Property and Possessions

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 9: Recreational Activities

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 10: Religion

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 11 (1-6): Visits

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 12 (1-4): Communication

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 13: Searches

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 15: Individual Care Plan

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		X
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

In Unit 4, Unit A and Unit 7 individual care plans were in place and were regularly reviewed. There was evidence that the residents had been involved in their individual care plans.

In Unit B, two clinical files were examined: one resident had a current individual care plan and the second resident had been recently admitted and there was evidence of a detailed multidisciplinary assessment process underway.

In Unit 2 and Unit 3, the quality of individual care plans was variable. Two residents did not have an individual care plan. In another case, the individual care plan was dated January 2009.

Breach: 15

Article 16: Therapeutic Services and Programmes

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		X
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

There was a wide range of therapeutic services and programmes available including gardening, education, occupational therapy sessions and group work. These were linked to the individual care plans that were in place on Units 4, 7 and A.

On Unit B there was evidence of a wide range of therapeutic services and programmes which were outlined on a large white board including a walking group, swimming, gym, drug and alcohol awareness group, cooking skills in the occupational therapy kitchen, and vocational education courses. These therapeutic services and programmes were linked to the residents' individual care plans. On Unit 2 and Unit 3 there was evidence of a programme of therapeutic services and programmes. However, some residents did not have individual care plans outlining their therapeutic needs.

Breach: 16 (1)

Article 17: Children's Education

No children were admitted to this approved centre.

Article 18: Transfer of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

There was a policy on transfer of residents. A nurse accompanied residents on transfer. A letter of referral and copies of medication went with residents.

Article 19 (1-2): General Health

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

The records containing the residents' six-monthly physical examinations were held in the primary care clinic. There was no documentation to support any evidence that they had been carried out. The approved centre was requested by the Inspectorate to provide this evidence in written form.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

Each resident had a personalised folder which provided information to them. The information folder was tailor-made to their needs. There was much information posted throughout all units inspected.

Article 21: Privacy

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>	X	X
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

Privacy issues remained around the toilet doors. These could not be locked from the inside and in Units 2 and 3 panels had been removed from the top and bottom of the doors of the toilets so that any individual could easily see into them. The doors were also quite low. The washrooms contained multiple wash hand basins where residents had to wash and shave communally.

Breach: 21

Article 22: Premises

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	X	X

Justification for this rating:

The hospital was built in 1850 and the exterior and interior reflected this. The roof was undergoing major repair and the building was covered with scaffolding. Most of the hospital units, apart from Units A and B had high ceilings, large open internal spaces and run-down drab surroundings. The bedrooms were mostly small and cell-like, dayrooms were large and cavernous and corridors long and wide. Two units were dirty. In Unit 2 there were dirt and food particles on the floors of most bedrooms; photographic evidence was taken. There were films of dust and dirt coated in and around the radiators and skirting board rim and in some areas of the walls throughout the main ward, particularly in the main corridor areas. In Unit 3 there was only one shower for 16 residents.

Breach: 22

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 24 (1-2): Health and Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 25: Use of Closed Circuit Television (CCTV)

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Unit A	Nursing staff	6	2
Unit B	Nursing Staff	8	3
Unit 1	Nursing Staff & Care Staff	3	2
Unit 2	Nursing Staff & Care Staff	7	3
Unit 3	Nursing Staff & Care Staff	6	2
Unit 4	Nursing Staff	5	3
Unit 7	Nursing Staff & Care Staff	3	2
Laurel Lodge	Nursing Staff	1	1

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		X
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

All staff had access to regular training. Policies on staffing were Health Service Executive policies.

At the time of inspection there was only one psychologist and this post was soon to become vacant. There were four occupational therapists with two vacancies. There was a full complement of social workers (seven social workers). There was also a full complement of nursing staff (188 nurses).

Breach: 26 (2)

Article 27: Maintenance of Records

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		X
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

The records containing the residents' six-monthly physical examinations were held in the primary care clinic and were not easily retrievable. This information should be made available in a timely manner for inclusion in the resident's clinical file located on the units where they were accommodated.

Breach: 27(1)

Article 28: Register of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 29: Operating policies and procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

Policies were available and up to date.

Article 30: Mental Health Tribunals

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 31: Complaint Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 32: Risk Management Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 33: Insurance

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 34: Certificate of Registration

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

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

SECLUSION

Use: Units A, B, 2, 3 and 4 used seclusion.

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

Justification for this rating:

Unit 4: The facilities were poor. The seclusion room was in the middle of the main corridor and toilets and showers were some distance away. There was no evidence that the next-of-kin were informed of a resident's episode of seclusion. There was no clock easily visible from the seclusion room. The seclusion policy was easily located. Monitoring of seclusion was completed.

Unit A: There was one seclusion room. This had access to a dedicated toilet and shower. Facilities were adequate. The Seclusion Register was up-to-date. Recently secluded residents had refused consent for relatives to be informed but there was no record of this available to the Inspectorate.

Unit B: There were two seclusion rooms on this unit. Each opened onto an en suite toilet but there was no en suite shower facility. It was reported that one resident was in seclusion when the Inspectorate arrived on the unit. The resident was in the enclosed garden area attached to seclusion and was being assessed for the ending of seclusion. It was reported during the inspection of the unit that seclusion had ended. The patient's clinical file was examined. The seclusion register was examined. Although the seclusion register indicated that the patient's next-of-kin had been informed there was no documentation in the resident's clinical file to support this.

Unit 2: Seclusion had been used since January 2010. No patient currently on the unit had been secluded. The seclusion register was examined. Copies of the seclusion register had not been placed in the relevant clinical files. The seclusion room was inadequately ventilated and toilet and shower facilities were some distance away at one end of the unit. The seclusion room did not have CCTV monitoring.

Unit 3: Two patients had been secluded this year to the date of inspection. The clinical file of one patient who had been secluded was examined. The seclusion register was examined. The seclusion room was inadequately ventilated and toilet and shower facilities were some distance away at one end of the unit. Copies of the seclusion register had not been placed in the relevant clinical files.

There was a working group that monitored and audited seclusion. Seclusion policies were available.

Breach: 3.7, 8.1, 9.3.

ECT (DETAINED PATIENTS)

Use: The approved centre did not have facilities to administer ECT. It was reported that no patient was undergoing a course of ECT at an outside centre.

MECHANICAL RESTRAINT

Use: Mechanical restraint, in the form of handcuffs, was sometimes used when accompanying a resident to and from the approved centre.

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:

There was no evidence available to the Inspectorate that next-of-kin had been informed of the use of mechanical restraint. In Unit 4 a small number of mechanical restraint registers were not signed. In one case the mechanical restraint was not documented in the clinical file. The policy on mechanical restraint was available.

In unit A the type of mechanical restraint used was not specified in one case in the mechanical restraint register and in another case the order for mechanical restraint was not completed.

In unit 2 it was reported that it was the protocol that the mechanical restraint register was completed in order to obtain a set of handcuffs, despite the fact that more often than not, the hand cuffs were not used. The mechanical restraint register was examined: "Hand cuffs not used" had been entered in the majority of instances.

Breach: 14.5 14.7, 17.2

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.

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:

Unit A: one Clinical Practice Form was unsigned. On two Clinical Practice Forms the episode of physical restraint had not been terminated. Episodes of physical restraint were clearly documented in the clinical file. There was no evidence available to the Inspectorate that the next-of-kin had been informed of the episodes of physical restraint.

Unit 2: one former patient had been physically restrained. The patient's clinical file was not available for examination. The Clinical Practice Form book was examined and was in order.

Breach: 5.7, 5.9.

ADMISSION OF CHILDREN

Description: Children were not admitted to the approved centre.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: The approved centre informed the Mental Health Commission of deaths and incidents.

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

Justification for this rating:

One death had been reported. A record of incidents was examined on Unit 2. Incidents were audited and a root cause analysis had been carried out for a number of incidents.

ECT FOR VOLUNTARY PATIENTS

Use: The approved centre did not have facilities to administer ECT. It was reported that no patient was undergoing a course of ECT at an outside centre.

ADMISSION, TRANSFER AND DISCHARGE

Description: A number of clinical files were examined for recent admssions to Unit A.

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 an admission policy and an admission procedure was displayed. Each resident had a risk assessment. All information regarding admission, transfer and discharge were kept in the residents file.

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:

The admission procedure was displayed. All information regarding admission was sent to the admitting team. Each resident was assessed prior to admission in the prison service. Full assessment including a detailed risk assessment was carried out on each resident. Each resident had an individual care plan and were assigned both a primary nurse and a key worker. Each resident had a multidisciplinary assessment. A file examined in Unit A was fully compliant with the Code of Practice.

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 transfer policy. Documentation regarding their individual care plan and medication went with the residents on transfer. At least one nurse accompanied residents when they were transferred to another centre.

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 discharge policy available. Discharge planning was through the multidisciplinary team and involved the resident and their next-of-kin. Pre-discharge case conferences were held to which receiving services were invited. Discharge summaries were sent to the referring agencies. Aftercare was either with the forensic service, the prison service or the resident's catchment based mental health service.

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

Description: One resident in Unit 2 had an intellectual disability and mental illness and residents with intellectual disability and mental illness were admitted from time to time.

The following aspects were considered: 5. policies, 6. education and training, 7. inter-agency collaboration, 8. individual care and treatment plan, 9. communication issues, 10. environmental considerations, 11. considering the use of restrictive practices, 12. main recommendations, 13. assessing capacity

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
			X

Justification for this rating:

Staff reported they had not received specific training in dealing with a resident with intellectual disability and mental illness. The service had not developed policies on dealing with persons with an intellectual disability and mental illness.

Breach: 5, 6

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: Section 60 of the Mental Health Act 2001 was applicable.

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

Justification for this rating:

Evidence for consent for treatment was available. All Form 17s were in order.

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

Description: Children were not admitted to the approved centre so this was not applicable.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

One resident on Unit 3 requested to speak to the Inspectorate. They complained of a lack of activities. The resident reported that the quality of food had improved over the last year. Another resident reported that chips were served with meals quite frequently. Two residents on Unit A complained to the Inspectorate of the lack of infrastructure for rehabilitation because of limited facilities for female residents. They reported that their care and treatment was to be transferred to the consultant responsible for the rehabilitation and recovery cluster.

MEDICATION

The medication sheets were in booklet format and were of high quality. There was a photograph of the resident attached to each sheet as well as a signature bank. The prescriptions were legible. Depot medication, PRN (as required) medication and regular medication were recorded separately. There was no space for recording indications for PRN medication.

No night sedation was prescribed in any unit in the hospital. Only two residents were prescribed benzodiazepines. Polypharmacy was kept to a minimum.

MEDICATION

NUMBER OF PRESCRIPTIONS:	93
Number on benzodiazepines	2 (2%)
Number on more than one benzodiazepine	0
Number on regular benzodiazepines	1 (1%)
Number on PRN benzodiazepines	1 (1%)
Number on hypnotics	0
Number on Non benzodiazepine hypnotics	0
Number on antipsychotic medication	78 (84%)
Number on high dose antipsychotic medication	15 (16%)
Number on more than one antipsychotic medication	24 (26%)

Number on PRN antipsychotic medication	10 (11%)
Number on antidepressant medication	33 (35%)
Number on more than one antidepressant	0
Number on antiepileptic medication	34 (37%)
Number on Lithium	9 (10%)

OVERALL CONCLUSIONS

The Central Mental Hospital continued to be housed in unsuitable buildings with no information as to where the new hospital would be located. In the meantime the struggle to keep the current building habitable continued, but the level of accumulated dirt in Units 2 and 3 was inexcusable. There was an excellent individual care planning system in operation with resident and carer input, however not all residents had an individual care plan. Therapeutic services and programmes were wide-ranging and it was obvious that the prescription of medication was well managed. Multidisciplinary input continued to fall as vacant occupational therapy and psychology posts remained unfilled. Plans to move the women's service to Unit 1 may alleviate some of the difficulties in providing a comprehensive women's service. However the lack of hostel accommodation for women remained a problem.

RECOMMENDATIONS 2010

1. The Rules Governing the Use of Seclusion and Mechanical Means of Bodily Restraint and the Codes of Practice on the Use of Physical Restraint in Approved Centres must have full compliance.
2. Vacancies in psychology and occupational therapy must be filled.
3. Replacement for the existing building should be commenced as soon as possible.
4. All wards must be cleaned to an acceptable level.
5. The issues raised in relation to privacy in the toilet areas must be addressed immediately.