

Report of the Inspector of Mental Health Services 2012

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	National
HSE AREA	Dublin Mid Leinster
MENTAL HEALTH SERVICE	National Forensic Mental Health Service
APPROVED CENTRE	Central Mental Hospital
NUMBER OF WARDS	8
NAMES OF UNITS OR WARDS INSPECTED	Unit A Unit B Unit 1 (Women's Forensic Unit) Unit 2 Unit 3 Unit 4 Unit 7 Laurel Lodge
TOTAL NUMBER OF BEDS	94
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	23, 24 & 25 September 2012

Summary

- Plans were in progress to re-locate the hospital in a new build in north Co. Dublin.
- A number of residents in one ward did not have an individual care plan.
- There were very good therapeutic services for residents which covered a range of therapies.
- The cleanliness of the building had improved since the inspection of 2011.
- The teams were not fully resourced in terms of allied healthcare professionals.

OVERVIEW

In 2012, the Inspectorate inspected this Approved Centre against all of the Mental Health Act 2001 (Approved Centres) Regulations 2006.

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 2011. In addition to the core inspection process information was also 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 inpatient facilities for the National Forensic Service and was located in Victorian and 20th century buildings on extensive grounds in Dundrum, south Dublin. The service operated a care pathway whereby male residents progressed from an admission ward through medium and rehabilitation wards towards being accommodated in a hostel, depending on clinical assessments. This facility to move through wards of differing levels of security was not available for female residents, all of whom were accommodated in one ward. The main building was poorly maintained and plans were progressing to re-locate the hospital to a new build in north Co. Dublin. There were 91 residents in the approved centre at the time of inspection and one resident was being accommodated in a general hospital.

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	24	26	21
Substantial Compliance	5	4	5
Minimal Compliance	0	0	2
Not Compliant	1	1	3
Not Applicable	1	0	0

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

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Unit A	9	9	Rehabilitation and Recovery
Unit B	12	12	Acute Cluster
Unit 1 (women's forensic service)	10	9	Acute Cluster
Unit 2	16	16	Medium Cluster
Unit 3	16	16	Medium Cluster
Unit 4	6	6	Medium Cluster
Unit 7	15	14	Rehabilitation and Recovery
Laurel Lodge	9	8	Rehabilitation and Recovery

QUALITY INITIATIVES 2011/2012

- The service had opened a new hostel to accommodate male and female patients in the community.
- An audit of restrictive practices was continuing.
- The service was looking at the possibility of expanding the recent successful development of a high support unit for prisoners with mental health problems within one of the country's prisons.
- A self-rated outcome scale for residents had been developed in conjunction with service users.

PROGRESS ON RECOMMENDATIONS IN THE 2011 APPROVED CENTRE REPORT

1. A replacement for the existing building at the Central Mental Hospital should be found immediately.

Outcome: A Development Committee had begun work and the design phase was underway.

2. Six-monthly physical reviews must be maintained in the residents' clinical files.

Outcome: Those who had a six-monthly review had this recorded in the clinical file.

3. Vacancies in psychology and occupational therapy should be filled.

Outcome: This had not happened.

4. Provision for a forensic service for women based on assessed need and risk assessment should be made. This must include suitable accommodation for high observation, seclusion, acute care and step- down facilities.

Outcome: Risk assessments and needs were identified but due to the physical layout of the ward, it was not possible to stratify the needs of female residents successfully.

5. The hospital should be cleaned to an acceptable level.

Outcome: The hospital was noted to be cleaner than during the previous inspection.

6. All documentation in relation to the use of seclusion, mechanical restraint and physical restraint should be completed in full and copies maintained in the resident's clinical file.

Outcome: This had not been done in all cases.

7. Locking facilities for toilets that are appropriate to the security and safety requirements of residents should be sourced and fitted, as has been done in some other approved centres.

Outcome: This had been done.

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	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

All residents were identified by means of photograph attached to the medication kardex. Medication was administered by two nurses.

Article 5: Food and Nutrition

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Residents had a choice of meal which they indicated on the menu card the previous evening. Water coolers were located on each ward.

Article 6 (1-2): Food Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			X
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The most recent Environmental Health Officer's report was dated 14 May 2012 and detailed a number of issues which required immediate corrective action.

Breach: 6(1)

Article 7: Clothing

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Residents wore their own clothes and all residents wore day clothes. There was access to spare clothes if a resident did not have sufficient of their own.

Article 8: Residents' Personal Property and Possessions

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

A property checklist was maintained for each resident and a copy was given to the resident. There was a policy relating to personal property and possessions.

Article 9: Recreational Activities

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Each ward had a sitting room which contained a TV, books, board games and in some cases, a table tennis table. There was a well equipped gym for the use of residents but the swimming pool had been closed due to the cost of repairs and upkeep.

Article 10: Religion

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

A hospital chaplain visited regularly and Mass was celebrated each Sunday in the hospital chapel. Residents of other faiths were facilitated in the practice of their religion.

Article 11 (1-6): Visits

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Visiting hours had been changed recently and visitors were permitted from 1830h to 2200h Monday to Thursday and from 1345h to 1545h on Fridays and week-ends. Space for visiting was limited in some wards. Children were allowed to visit with prior notice and were facilitated in a separate visitors' room. There was a policy relating to visits.

Article 12 (1-4): Communication

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Mobile phones were not permitted but residents could avail of ward phones if required. There was little provision for privacy for these calls but it was reported that the nurses' office could be used to facilitate a private phone call. There was a policy relating to communication.

Article 13: Searches

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Searches were conducted regularly and residents were notified that a search was about to be conducted. Rooms and belongings could be searched and the occurrence of these searches was documented in the ward diary. There was a policy on searches which satisfied the Regulations.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There had been no deaths in the approved centre since the last inspection. The service had a policy relating to the care of residents who are dying.

Article 15: Individual Care Plan

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>		X	
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X		
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			X

Justification for this rating:

Unit A: All residents had an individual care plan which met the requirements of the Regulations. In the case of one resident, their care plan had not been reviewed since June 2011.

Unit B: Four residents did not have an individual care plan.

Unit3: All residents had an individual care plan.

Unit 7: All residents had an individual care plan.

Unit 1 (Women's Forensic Service): All residents had an individual care plan that contained goals and regular reviews.

Unit 2: All residents had an individual care plan that contained goals and regular reviews.

Unit 4: All residents had an individual care plan that contained goals and regular reviews.

As each resident did not have an individual care plan, the service was not compliant with this Article of the Regulations.

Article 16: Therapeutic Services and Programmes

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>		X	
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X		
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			X

Justification for this rating:

Multidisciplinary team (MDT) meetings and reviews were held regularly. Case conferences were held approximately every six months and members of the team, psychology, occupational therapy and social work professionals prepared reports for these. The service was compliant with s16(2) of this Article and there was a very good programme of therapeutic activities for residents, including group work, attendance at the Vocational Educational Committee (VEC) run programmes, the Garden Project, Wellness programmes and individual therapy sessions.

As not all residents had an individual care plan, the service was not compliant with this Article of the Regulations, as therapeutic services should be in accordance with an individual care plan.

Breach: 16(1)

Article 17: Children's Education

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

No child had been admitted to the approved centre in 2012 up to the time of the inspection. There was a policy relating to provision of education for children.

Article 18: Transfer of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There were procedures for the transfer of a resident to another facility and the service had a policy relating to transfer of residents.

Article 19 (1-2): General Health

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X		
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		X	
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			X
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

All residents had access to general health services and screening through a general practitioner service.

Three residents in Unit A had not had general health needs assessed within the previous six months, as is required in this Article of the Regulations.

There was a policy on responding to medical emergencies.

Breach: 19(1)(b)

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There were information leaflets available on medication and diagnoses for residents. The approved centre had an information booklet outlining household practices and the names of residents' key workers were displayed on noticeboards in the wards.

Article 21: Privacy

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>			
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X	X	X
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

All residents were accommodated in single rooms. Toilet doors in Unit 7 which residents had not previously been able to lock, could now be locked to afford privacy. Similarly, openings in the doors had now been occluded. A shower in Unit 7 did not have any lock. Unit 1 had privacy curtains on the observation panels in the bedroom doors but Units 4 and 2 did not have such privacy curtains.

Breach: 21

Article 22: Premises

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>			
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>	X	X	X

Justification for this rating:

All wards in the approved centre were very clean. The main building was an old building which had not been well maintained over the years. There were several patches of peeling paintwork and plaster which had come away from the walls and areas of dampness were obvious in many parts of the building. All rooms were very small and were poorly ventilated. There was evidence of leaks in areas of the building which had a flat roof. The building which contained Unit A and Unit B was constructed in the 1990s and was in better condition. Bedrooms were small but there was free access to an outside area where residents could smoke or take short walks. The observation area in Unit 1 was unsuitable.

In contrast with the inside of the building, the gardens surrounding the hospital were very pleasant and some areas were particularly pretty.

Breach: 22(1)(a)(b)(c),(3)

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			X
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The approved centre had a policy relating to the ordering, prescribing, storing and administration of medicines. On inspection of some medication booklets, there was evidence that medications had not been administered on a few occasions without the reason for so doing being noted.

Breach: 23

Article 24 (1-2): Health and Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was a Health and Safety Statement and a policy relating to health and safety in the approved centre.

Article 25: Use of Closed Circuit Television (CCTV)

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

CCTV was not used for recording the movements of residents. The service had a policy relating to the use of CCTV cameras.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Unit A	Night Supervisor	0	1 shared
	CNM2	1	0
	CNM1	1	0
	RPN	1	2
Unit B	Night Supervisor	0	1 shared
	CNM2	1	0
	CNM1	1	1
	RPN	6	2
	Student Nurse	1	0
Unit 1(women's forensic services)	CNM2	1	0
	CNM1	1	0
	RPN	5	3
Unit 2	CNM2	1	0
	CNM1	1	0
	RPN	5	3
Unit 3	Night Supervisor	0	1 shared
	CNM2	1	0
	CNM1	1	0
	RPN	4	3
Unit 4	CNM2	1	0
	CNM1	1	0
	RPN	3	3
Unit 7	Night Supervisor	0	1 shared
	CNM2	1	0
	CNM1	1	0
	RPN	1	3
Laurel Lodge	RPN/CNM1/CNM2	1	1

Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Non Consultant Hospital Doctor (NCHD), Director of Nursing, (DON), Assistant Director of Nursing (ADON).

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>			
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X	X	X
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Teams were not fully resourced with allied health professionals and there were insufficient psychologists and occupational therapists. The posts of Heads of Discipline for both occupational therapy and psychology were both unfilled. The service adhered to the Health Service Executive (HSE) policy in relation to recruitment of staff. The service had a system of ongoing training for staff.

Breach: 26(2)

Article 27: Maintenance of Records

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>			X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X	X	
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Clinical files were well maintained and it was relatively easy to navigate files. The most recent Fire Inspection Report and Health and Safety Statement were available for review. A copy of the Environmental Health Officer's report was forwarded subsequent to the inspection. The service had a policy relating to maintenance of records.

Article 28: Register of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			X
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The service maintained a Register of Residents as required by the Regulations but did not record all the information required by the Regulations.

Breach: 28(2)

Article 29: Operating policies and procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			X
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

All the required policies were in place but the date for renewal of the policy in relation to Childrens' Education had expired.

Breach: 29

Article 30: Mental Health Tribunals

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Mental Health Tribunals were facilitated in the approved centre.

Article 31: Complaint Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The service operated both the HSE and a hospital complaints procedure and notices about how to make a complaint were displayed throughout the hospital. Regular community meetings were held in each ward at which residents could voice complaints. There was a policy relating to complaints. There was a designated complaints officer in the approved centre.

Article 32: Risk Management Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The service had a comprehensive policy relating to risk management.

Article 33: Insurance

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The hospital was covered by the State Claims Agency in terms of insurance.

Article 34: Certificate of Registration

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The Certificate of Registration was displayed in the entrance hall of the main building.

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

SECLUSION

Use: Seclusion was carried out in Unit 4 and Unit 1. There was a seclusion room in Unit 2 but this had not been used for a period of two years.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
1	General principles	X			
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	NOT APPLICABLE			
13	Child patients	NOT APPLICABLE			

Justification for this rating:

Unit 4: The seclusion room opened onto the main corridor. There were no toilet facilities and if a resident in seclusion required toilet facilities staff from other wards were called to assist the resident to toilets some distance away. There was a blind spot in the seclusion room which could endanger patient safety. The seclusion register was correctly completed and recorded in the clinical file. Monitoring, nursing and medical reviews were completed and documented. Next of kin were informed and where this didn't happen the reason was documented in the clinical file. There was evidence of discussion with the resident about the episode of seclusion.

Unit 1: The seclusion rooms were unsuitable. There was a blind spot which could endanger patient safety. There were adjoining toilet facilities. The seclusion register was correctly completed. However the orders were not placed in the clinical file and remained in the seclusion register. Monitoring, nursing and medical reviews were completed. Next of kin were informed and where this didn't happen the reason was documented in the clinical file. There was evidence of discussion with the resident about the episode of seclusion.

Unit 2: The seclusion room was unsuitable and contained a blind spot which could endanger patient safety. There were no adjoining toilet facilities and the room opened onto the main corridor.

Unit B: On the day of inspection both seclusion rooms were undergoing major structural repair and were closed. A temporary seclusion room had been designated from a former bedroom currently used as a store room. However, the furnishings within were not suitable and could pose a danger to any patient secluded within. The exact nature of the danger was pointed out to staff by inspectors and discussed. No patient had been secluded in this room since the two seclusion rooms were temporarily closed up to the date of inspection. The clinical files of two patients who had been secluded were examined and both were satisfactory. The seclusion register was examined. A copy of the seclusion register had not been placed in the clinical file in the case of one of these patients.

Unit A: Seclusion was not used in this ward.

Unit 3: Seclusion had not been used since May 2010.

Breach: 8.1, 8.3, 9.3

Electroconvulsive Therapy (ECT) (DETAINED PATIENTS)

Use: ECT was not used in the approved centre and no patient was receiving ECT in another approved centre.

MECHANICAL RESTRAINT

Use: Mechanical Restraint was used in the approved centre. This consisted only of the use of handcuffs when patients were travelling to and from the hospital. Handcuffs were not used in the hospital setting.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
1	General principles	X			
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:

Unit 2: One episode of mechanical restraint was recorded in the register and inspected. The register was correctly completed. The next of kin was not informed but a reason for not doing so was given. There was no record in the clinical file of the episode of mechanical restraint. There was no medical review documented or record of multidisciplinary team review or record of discussion with the patient documented in the clinical file.

Unit 1: There had been one episode where mechanical restraint had been used in transportation of the patient outside the hospital. The mechanical restraint register had not been signed by the consultant psychiatrist. It was recorded in the clinical file. Next of kin were informed.

Unit 4: The Mechanical Restraint Register was correctly completed. However there was no record in the clinical file of the mechanical restraint. There was no medical review documented or record of multidisciplinary team review or record of discussion with the patient documented in the clinical file.

Unit B: In instances where mechanical restraint had been used for the transportation of patients outside the hospital, the mechanical restraint register had been completed satisfactorily and recorded in the patients' clinical files. Next of kin had been informed in all instances.

Breach: 14.3 (b), 14.3 (c), 14.5, 17.1, 18.4

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

PHYSICAL RESTRAINT

Use: Physical restraint was used in the approved centre. There had been no physical restraint in Unit 2 since the last inspection in 2011.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
1	General principles	X			
5	Orders			X	
6	Resident dignity and safety	X			
7	Ending physical restraint	X			
8	Recording use of physical restraint			X	
9	Clinical governance	X			
10	Staff training	X			
11	Child residents	NOT APPLICABLE			

Justification for this rating:

Unit 4: The physical restraint clinical practice forms were correctly completed. The episodes were recorded in the clinical files and there was evidence that the next of kin was informed and that the episode had been reviewed by the multidisciplinary team.

Unit 1: Two clinical practice forms had not been signed by the consultant psychiatrist. These clinical practice forms remained in the physical restraint book and not filed in the clinical file. The episodes were documented in the clinical file. The reason for not informing the next of kin was given.

Unit B: Two clinical files were examined by inspectors. The Clinical Practice Form book for physical restraint was examined. A copy of the clinical practice form had not been placed in the clinical file of one patient. All remaining documentation in the clinical files and in the Clinical Practice Form book to ensure full compliance with this Code of practice had been completed satisfactorily.

Unit A: Physical restraint had not been used since March 2009.

Unit 3: Physical restraint was not used.

Unit 7: Physical restraint was not used.

Breach: 5.7 (c), 8.2, 8.3

ADMISSION OF CHILDREN

Description: No child had been admitted to the approved centre in 2012 up to the time of inspection.

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

Justification for this rating:

The approved centre was unsuitable for the admission of children.

Breach: 2.5

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: No deaths had occurred in 2012 up to the time of inspection.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
2	Notification of deaths	NOT APPLICABLE			
3	Incident reporting	X			
4	Clinical governance (identified risk manager)	X			

Justification for this rating:

A record of incidents was maintained and was seen by the inspectors. Incidents were reported to the Mental Health Commission as is required. The approved centre was compliant with Article 32 relating to Risk Management and a risk manager was identified.

Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS

There was no facility for ECT in the approved centre and no resident was receiving ECT in another centre.

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	MINIMAL COMPLIANCE	NOT COMPLIANT
	X		

Justification for this rating:

The service had policies relating to the admission, transfer and discharge of residents. The approved centre was compliant with Article 8 relating to Personal Property and Possessions and Article 32 relating to Risk Management but was not fully compliant with Article 23 relating to the Ordering, Storing, Prescribing and Administration of Medicines. There was a policy on Individual Care Plans and the service operated a key worker system of care.

Breach: 4.10

Part 3 Admission Process

The following aspects were considered: 10. pre-admission process, 11. unplanned referral to an Approved Centre, 12. admission criteria, 13. decision to admit, 14. decision not to admit, 15. assessment following admission, 16. rights and information, 17. individual care and treatment plan, 18. resident and family/carer/advocate involvement, 19. multidisciplinary team involvement, 20. key-worker, 21. collaboration with primary health care community mental health services, relevant outside agencies and information transfer, 22. record-keeping and documentation, 23. day of admission, 24. specific groups.

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
	X		

Justification for this rating:

Unit 1: There was an excellent admission process. All residents had undergone a comprehensive psychiatric assessment, a physical examination and nursing assessment. There was evidence of multidisciplinary review and each resident had an individual care plan. A key worker system was in place.

Unit B: The clinical files of two residents recently admitted to this unit were inspected. A full history was not documented in one of the clinical files and some sections of the medical admission referred the reader to "previous admission". In the second admission, one relevant section of the admission was blank. A physical examination was carried out in both cases and risk assessments had been conducted.

Four residents in Unit B did not have an individual care plan as required by Article 15 of the Regulations.

The approved centre was compliant with Article 7, relating to Clothing, Article 8 relating to Personal Property and Possessions, Article 20 relating to the Provision of Information to Residents and Article 27 relating to Maintenance of Records.

Breach: 15.3, 17.1

Part 4 Transfer Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
	X		

Justification for this rating:

Transfer process was good. All relevant information accompanied the resident. The approved centre was compliant with Article 18 of the Regulations on Transfer of Residents.

Unit A: The clinical file of one resident who had been transferred to a general hospital was inspected. The reason for the transfer was documented in the clinical file and the treating doctor had communicated verbally with the staff in the general hospital. The resident was accompanied by two members of staff and a copy of the medication kardex accompanied the resident. There was no copy of a referral letter in the clinical file.

Unit 7: One resident had been transferred to a general hospital. There was evidence of verbal communication between doctors in the Central Mental Hospital and the receiving hospital and a copy of the referral letter was retained in the resident's clinical file.

Breach: 31.2

Part 5 Discharge Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

Discharges were carefully planned within the multidisciplinary team. All relevant information was made available to other mental health services and community teams. A comprehensive discharge summary was completed.

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

Description: There was one resident in Unit 4 with an intellectual disability and mental illness.

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	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

Unit 4: The resident had an individual care plan. A clinical nurse specialist (CNS) with training in intellectual disability had input into the care plan. The CNS was also involved in training staff in intellectual disability and mental illness. There was a policy regarding those residents with an intellectual disability and mental illness.

Unit B: No resident had an intellectual disability and mental illness.

Unit A: No resident had an intellectual disability and mental illness.

2.5 EVIDENCE OF COMPLIANCE WITH SECTIONS 60/61 MENTAL HEALTH ACT 2001 (MEDICATION)

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: There were a number of patients in the approved centre to whom Section 60 of the Mental Health Act 2001 applied.

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

Justification for this rating:

<p>All residents had either consented in writing to the administration of medication or a Form 17 had been completed.</p>

**SECTION 61 – TREATMENT OF CHILDREN WITH SECTION 25 MENTAL HEALTH ACT 2001
ORDER IN FORCE**

Description: There were no detained children in the approved centre.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

A number of residents spoke with the inspectors. There were positive comments about the improvement in the food. One female resident made a complaint that was brought to the attention of senior management and this was resolved. Other residents had concerns about their detention and one resident spoke about the lack of privacy when making or receiving phone calls.

OVERALL CONCLUSIONS

Plans for the relocation of the Central Mental Hospital to grounds in north Co. Dublin had advanced to the design phase and a guideline of 2016/2017 for completion was expected. This was a welcome development in the history of this approved centre.

It was of concern to the Inspectorate that while residents in most of the units of the approved centre had an individual care plan, a number of residents in one unit did not. For the first time, the documentation relating to the physical health needs of residents compiled by the general practitioner (GP) was maintained in the units; unfortunately an inspection of this documentation showed that a number of residents had not had a physical health examination carried out in the previous six months. Vacancies in the allied healthcare professionals (AHP) had not been filled but the service was hopeful of gaining some additional AHPs by the end of the year.

It was the clear impression of the Inspectorate team that the cleanliness problems of previous years had been addressed and the building was cleaner than it had been on other inspections; the inspectors strongly recommended that attention continued to be directed towards this aspect of care. It was disappointing to note that due to the cost of repair and upkeep of the hospital swimming pool, this popular facility was no longer in use.

Despite self- assessment indicating full compliance, the approved centre had serious difficulties in being compliant with the Rules Governing Mechanical Restraint. This was very unsatisfactory and represented deterioration in compliance since 2011. Lack of adherence to Code of Practice on the Use of Physical Restraint was also an issue. Further training in the requirements of the Mental Health Act 2001 may be indicated. There was improvement in compliance for the Rules Governing the Use of Seclusion since 2011.

The conditions of Unit 1 which is the women's forensic service continued to be of concern: small cell-like bedrooms, each female resident locked in their bedrooms at night, unsuitable observation area and seclusion rooms with blind spots. There was now some movement of female residents to a supervised residence outside the hospital and this was welcome.

RECOMMENDATIONS 2012

1. All residents should have an individual care plan.
2. The approved centre must be compliant with the Rules Governing the Use of Mechanical Restraint.
3. All residents should have a physical health examination every six months.
4. The shower in Unit 7 should be fitted with a lock for privacy.
5. Documentation in relation to Seclusion, Mechanical Restraint and Physical Restraint should be completed in full and orders placed in the relevant clinical files.