Report of the Inspector of Mental Health Services 2011

EXECUTIVE CATCHMENT 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 services) 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	17, 18, 19 May 2011

OVERVIEW

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

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

DESCRIPTION

The in-patient facility for the National Forensic Service remained at the Central Mental Hospital in Dundrum, Dublin in 2011 despite the extremely poor condition of the building. No plans were in evidence that alternative accommodation was in train.

The main building was Victorian and housed two medium secure units (Units 2 and 3), an acute unit (Unit 4) and the women's unit (Unit 1). Two more modern buildings on the campus contained a rehabilitation and recovery unit (Unit A) and the male acute unit (Unit B). It also contained a gym and swimming pool and administrative section. There was a rehabilitation and recovery unit (Unit 7) attached to the main building and a low secure house (Laurel Lodge) which housed 10 residents preparing for discharge. The Criminal Law (Insanity) Act 2010 which amended the Criminal Law (Insanity) Act 2006 provided for the conditional discharge of a patient where clinically indicated and with a view to future discharge.

While male patients could progress through decreasing levels of therapeutic security during their stay in the Central Mental Hospital, women could not. They were now facilitated in Unit 1, in an old part of the hospital which was totally unsuitable for the provision of a women's forensic service. They had been moved from the smaller Unit A to Unit 1 in order to provide more space, a high observation area and to reduce the use of seclusion. In Unit 1 (women's forensic services) there was a high observation area which consisted of a grim narrow corridor with cell-like rooms to each side. The seclusion rooms were unsafe due to blind spots in the rooms. There was no living area in the high observation area and patients must sit in the corridor to watch television. Those women patients not in high observation had more living space but their bedrooms were extremely small and cell-like, poorly ventilated and had limited storage space. All women patients were locked in their bedrooms at night regardless of their assessed risk. This meant that they had to ring for nurses to take them to the toilet at night. In Unit A they had had toilet facilities in their bedrooms. There was no step-down facility and no community supervised accommodation for women. Access to garden space was limited despite the construction of a fenced area.

A comprehensive individual care plan was used for all residents and there were extensive therapeutic services and programmes both on and off the units. Some patients attended the Day Centre in Usher's Island.

There was a total of 94 beds in the Central Mental Hospital. There were 14 patients detained under the Mental Health Act 2001, two Wards of Court and one patient on a High Court Order. The remainder of the patients were detained under the Criminal Law (Insanity) Act 2006.

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

COMPLIANCE RATING	2009	2010	2011
Fully Compliant	28	24	26
Substantial Compliance	1	5	4
Minimal Compliance	0	0	0
Not Compliant	1	1	1
Not Applicable	1	1	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 Cluster
Unit B	12	12	Acute Cluster
Unit 1 (women's forensic services)	10	10	Acute Cluster
Unit 2	16	16	Medium Cluster
Unit 3	16	16	Medium Cluster
Unit 4	6	6	Acute Cluster
Unit 7	15	15	Rehabilitation and Recovery
Laurel Lodge	10	9 (tenth bed is used on a rotating basis for residents of West Lodge)	Rehabilitation and Recovery Cluster

QUALITY INITIATIVES

- An advanced nurse practitioner post in Forensic Psychiatry had been ratified.
- A service user satisfaction survey had been completed. Results were still being analysed.
- Alterations to visiting times allowed for 25 hours a week of structured activity for residents.
- The amendment to the Criminal Law (Insanity) Act 2006 had resulted in conditional release for a number of residents detained under this Act who were ready for living in the community.
- An audit had taken place of admission criteria and process.
- A large number of research projects some of which were published had taken place. These included validation studies in the individual care plan and the five Pillars of Care, an audit of the use of generic versus trade names of medication, a study of therapeutic relationships, service user involvement in training, research into remission in schizophrenia and a study in the evolution of the individual care plan.

PROGRESS ON RECOMMENDATIONS IN THE 2010 APPROVED CENTRE REPORT

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.

Outcome: The approved centre was not compliant on the Rules Governing the Use of Seclusion (see section on Seclusion in the report).

2. Vacancies in psychology and occupational therapy must be filled.

Outcome: One psychologist had been appointed and another psychology vacancy was close to being filled. There were four occupational therapists, seven social workers and one community service worker.

3. Replacement for the existing building should be commenced as soon as possible.

Outcome: There was no evidence that any progress had been made in obtaining a replacement for the existing building.

4. All wards must be cleaned to an acceptable level.

Outcome: While there was some improvement in the cleanliness of the building since 2010 there were still areas of dirt and grime.

5. The issues raised in relation to privacy in the toilet areas must be addressed immediately.

Outcome: Locks had been fitted to the toilet doors but had later been removed due to concerns about patient safety.

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

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

Article 4: Identification of Residents

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

Justification for this rating:

The inspection of this Article was based on self-assessment. Two members of staff administered medication.

Article 5: Food and Nutrition

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

Justification for this rating:

The inspection of this Article was based on self-assessment. All residents had access to fresh drinking water. Menus were provided for all meals. The Patients Forum met regularly with the catering manager to discuss food issues. Feedback on food quality was given to the Senior Management Team on a monthly basis.

Article 6 (1-2): Food Safety

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

Justification for this rating:

A food safety certificate was provided.

Article 7: Clothing

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

Justification for this rating:

No resident was in their night clothes at the time of inspection. A stock of clothes was kept for those who did not have their own clothes.

Article 8: Residents' Personal Property and Possessions

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

Justification for this rating:

The inspection of this Article was based on self-assessment. There was a policy available on personal property and possessions that was up to date.

Article 9: Recreational Activities

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

Justification for this rating:

There was a broad range of recreational activities which included swimming, gym, games, books, TV and DVD. All residents had a minimum of 25 hours structured activity per week that included recreational activities.

Article 10: Religion

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

Justification for this rating:

The inspection of this Article was based on self-assessment.

Article 11 (1-6): Visits

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

Justification for this rating:

The inspection of this Article was based on self-assessment. There was an up-to-date policy on visiting. Children's visits were facilitated in a designated area which was equipped with toys and games.

Article 12 (1-4): Communication

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

Justification for this rating:

The inspection of this Article was based on self-assessment. There was an up-to-date policy on communication.

Article 13: Searches

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

Justification for this rating:

The inspection of this Article was based on self-assessment. There were up-to date policies on searching with and without consent and on the finding of illicit substances.

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

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

Justification for this rating:

The inspection of this Article was based on self-assessment. There was an up-to-date policy on care of the dying.

Article 15: Individual Care Plan

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

Justification for this rating:

All of the individual clinical files inspected evidenced multidisciplinary individual care plans as required by the Regulations.

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

Unit B: Each resident had an individual care plan that contained goals and regular reviews. All were up to date.

Unit 1 (women's forensic services): All residents whose clinical files were examined had individual care plans which were regularly reviewed.

Unit 2: Each patient had a care plan. Generally the care plans were up to date apart from one which was dated March 2010 when the resident was in Unit 4. Patients were given an opportunity to sign their care plan and to have a copy of it if they wished.

Unit 3: Each patient had an up-to-date care plan, which had been reviewed and updated. Patients were given an opportunity to sign their care plan and to have a copy of it if they wished.

Unit 4: Each resident had an individual care plan, which was reviewed regularly.

Unit 7: Each resident had an individual care plan that contained goals and regular reviews. All were up to date.

Laurel Lodge: All residents had an individual care plan that contained goals and regular reviews.

The Irish Advocacy Network Representatives for the Central Mental Hospital commented to the

Inspectorate that more patients were actively aware of their own care plan than was previously the case.

Article 16: Therapeutic Services and Programmes

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

Justification for this rating:

Unit A: Residents had a programme of therapeutic activities that were outlined in the residents' individual care plan. Most residents attended activities off the unit.

Unit B: Residents had a programme of activities on the unit delivered by the nursing staff and occupational therapy.

Unit 1: Each resident had an individual programme of therapeutic activities. Some residents attended therapeutic activities outside the approved centre.

Unit 2: There was a range of therapeutic activities provided off the unit and on the unit. The activities on the unit were provided on a group or individual basis depending on the needs of the patients.

Unit 3: Most of the patients attended activities off the ward and there was a good range of therapeutic activities provided. The gardening programme was particularly well attended.

Unit 4: In the clinical files examined, there was evidence that individual therapeutic programmes were outlined in the residents' individual care plans.

Unit 7: There was a range of therapeutic activities provided off the unit and on the unit. All activities were outlined in the individual care plans.

Laurel Lodge: All residents attended activities off the unit or in Usher's Island or Thomas Court. Their

therapeutic services and programmes were linked to the individual care plans.

Article 17: Children's Education

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

Justification for this rating:

Children had been admitted to the unit. There was a policy on children's education.

Article 18: Transfer of Residents

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

Justification for this rating:

There was an up-to-date policy on transfer of residents. Staff accompanied the resident on transfer. All relevant information went with the residents.

Article 19 (1-2): General Health

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

Justification for this rating:

Unit 1 (women's forensic services): A number of clinical files were examined but there was no evidence that six-monthly physical health examinations had been carried out.

Unit 2: Six clinical files were examined and one general physical examination for the previous six months had been recorded in the file. There was no evidence in the other clinical files that routine six-monthly general health assessments had been done.

Unit 3: Six clinical files were examined. There was no evidence that routine six-monthly general health assessments had been done.

Unit 4: There was no documentation in the clinical files examined that six-monthly physical health examinations had been carried out.

Efforts were being made to place the general health examination results in the clinical files as part of the individual care plan and an excellent template was being introduced. However this had not been completed in all cases throughout the approved centre and in Unit 1 and Unit 4, no clinical files had evidence of physical reviews.

The Inspectorate was shown the primary care centre. This was run by a general practitioner and a practice nurse and provided an excellent service.

Some but not all physical reviews were accessible within the primary care centre. There were comprehensive medical screening programmes in place. There was a policy on responding to medical emergencies.

Breach: 19 (b)

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

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

Justification for this rating:

Each resident had a folder with relevant information including broad information on diagnoses and side effects of medication. There was a policy on the provision of information. Details of advocacy services were available.

Article 21: Privacy

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

Justification for this rating:

Unit 4: The toilets could not be locked from inside.

Unit 2 and Unit 3: The toilet doors had no locks. Panels from the top and bottom of the doors had been removed.

Unit 1 (women's forensic services): One patient was seated in the high observation corridor dressed in refractory clothing (a short dress made of hard wearing cloth), which lacked dignity.

Breach: 21

Article 22: Premises

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

Justification for this rating:

Unit 1 (women's forensic services): This unit had eight level 1 observation beds and there were four beds in the high observation area of the ward. All the bedrooms were very small and reminiscent of cells; because of the small size of the bedrooms, storage was a significant problem. The floor of one bedroom which was unoccupied was dirty. The high observation area comprised a corridor with four bedrooms and two seclusion rooms. All six rooms were identical. Residents accommodated in this area sat in the corridor and took their meals and watched television in the corridor when not in seclusion. The grill of an extractor fan in this corridor was extremely dirty; photographic evidence was taken. Overall, the high observation corridor was grim, essentially being an 1840s cell-block and totally unsuited to the therapeutic care of women.

Unit 4: There was evidence of grime and dirt on the floor of two bedrooms and there was a bad odour in one of the bedrooms.

Unit B: There was paint peeling and patches of damp and mould inside and outside one of the bedrooms.

Unit 2: One bedroom was dirty with bodily fluids on the walls. Another bedroom had peeling paint around the inside of the window. Dirt and fluids were engrained in the toilet floors and walls. The walls in the day room and the stairwell used by patients had peeling paint. The ceiling in the shower area had mould growing on it. Photographic evidence was taken.

Unit B: There was obvious damp in the bedroom corridor that had spread into one of the bedrooms. The unit was clean but small with insufficient living space.

Unit A: This unit was bright and nicely furnished. It had a homely feel and plenty of access to outside space. The kitchen was open for residents at all times. The bedrooms were locked at night and there were en-suite facilities in the bedrooms.

Unit 7: The unit was being steam-cleaned during the inspection. The unit was old fashioned and the bedrooms were too small. However there were efforts made to make it comfortable and the residents had access to a pleasant outside veranda.

Laurel Lodge: This unit was clean and bright and had a home-like quality.

Unit 3: The bedrooms were reasonably clean, the doors of which were left open during the day until 2100h. Many residents had personal effects displayed within.

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

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

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

Justification for this rating:

The inspection of this Article was based on self-assessment. There was a policy available on Ordering, Prescribing, Storing and Administration of Medicines.

Article 24 (1-2): Health and Safety

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

Justification for this rating:

The inspection of this Article was based on self-assessment. There was a policy available on Health and Safety. A Health and Safety statement was available.

Article 25: Use of Closed Circuit Television (CCTV)

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

Justification for this rating:

There was a policy on the Use of CCTV. CCTV recording facility had been de-activated. Adequate signage was in place.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Unit A	CNM2	1	0
	CNM1	1	0
	RPN/care staff	1	1
Unit B	CNM2	2	0
	RPN	6	3
Unit 1 (women's forensic services)	CNM 2	1	0
	RPN/care staff	7	3
Unit 2	CNM1	1	0
	RPN/care staff	6	3
Unit 3	CNM 2	1	0
	RPN/care staff	6	3
Unit 4	CNM 2	1	0
	RPN/care staff	2	3
Unit 7	CNM2	1	0
	RPN/care staff	2	3
Laurel Lodge	RPN	1	1

Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Non Consultant Hospital Doctor (NCHD).

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	*Evidence of full compliance with this Article.*	X		
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*		X	X
Minimal compliance	*Effort has been made to achieve compliance with this Article but significant improvement is still*			

	needed.			
Not compliant	*Service was unable to demonstrate structures or processes to be compliant with this Article.*			

Justification for this rating:

The numbers and skill mix of staff was insufficient to meet the needs of residents. At the time of inspection there was only one psychologist although it was hoped to fill another psychology vacancy. This meant that some teams had little or no access to psychology services. There were seven social workers and four occupational therapists.

All staff had received mandatory training and a record of training was made available.

The approved centre had written policies and procedures relating to the recruitment, selection and vetting of staff.

Breach: 26 (2)

Article 27: Maintenance of Records

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

Justification for this rating:

The clinical files were in good condition and most information easily retrieved. They were up to date and in good order. However there was no access to six-monthly physical reviews in the majority of the clinical files in the approved centre.

There were policies in relation to maintenance of records. All records relating to food safety, health and safety and fire inspections were maintained in the approved centre.

Breach: 27 (1)

Article 28: Register of Residents

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

Justification for this rating:

The inspection of this Article was based on self-assessment.

Article 29: Operating policies and procedures

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

Justification for this rating:

All operating policies were up to date, easily accessible and there was a system of review in place.

Article 30: Mental Health Tribunals

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

Justification for this rating:

The inspection of this Article was based on self-assessment.

Article 31: Complaint Procedures

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

Justification for this rating:

The inspection of this Article was based on self-assessment. There was an up-to-date policy on complaints.

Article 32: Risk Management Procedures

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

Justification for this rating:

There was a risk management policy which included management of deliberate self harm, management of violence and a policy on absent without leave. Each resident had an up-to-date risk assessment. There was a risk management group which reviewed incidents on a monthly basis.

Article 33: Insurance

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

Justification for this rating:

An insurance certificate was made available.

Article 34: Certificate of Registration

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

Justification for this rating:

The current certificate of registration was displayed.

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

SECLUSION

Use: Seclusion was used on Units B, 1, 4, 2. Seclusion had not been used on Unit A, 3, 7 and Laurel Lodge.

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:

The service had an up-to-date policy on the use of seclusion and maintained a record that staff had read the policy. Staff had received training as part of the training in the Mental Health Act 2001.

Unit B: The seclusion register had not been completed in full. Section 21 was incomplete in a number of cases and did not indicate whether seclusion had been ended or extended. All of the episodes of seclusion had been extended beyond the initial time period of eight hours. Three clinical files were reviewed. It was not documented in the clinical files whether the consultant psychiatrist had been informed about the episode of seclusion. It was not documented whether or not the patient had an opportunity to discuss the episode with the multidisciplinary team or that the multidisciplinary team had reviewed the episode of seclusion.

Unit 4: The clinical file of one resident who had been secluded was examined. Many order forms were still in the Register for Seclusion. Some forms had not been fully completed, and in two forms the Section 21 relating to the ending or extending seclusion had not been signed. In one instance the next-of-kin had not been informed but this had been in accordance with the wishes of the resident and was documented in the clinical file.

Unit 1 (women's forensic services): The clinical file of one patient who had been recently secluded and the seclusion register were examined. A copy of the register had not been placed in the patient's clinical file. There was evidence that the patient's next of kin had been informed. There was documentary evidence of two-hourly nursing reviews and four-hourly medical reviews. There were two seclusion rooms located in the high observation area, in between which were located en suite facilities: toilet, shower and wash hand basin. There were three blind spots noted in each of these seclusion rooms.

Breach: 7.4, 8.3, 9.3, 10.3

ECT (DETAINED PATIENTS)

Use: ECT was not administered in the approved centre. Residents who were prescribed ECT travelled to St. Vincent's Hospital, Elm Park. No resident was receiving ECT at the time of the inspection.

MECHANICAL RESTRAINT

Use: Mechanical restraint in the form of handcuffs was used in the approved centre. The clinical files of two residents in Unit 4 who had been mechanically restrained and the Register for Mechanical Means of Bodily Restraint were examined.

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				
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 B: The Mechanical Restraint Register was reviewed and was in order.

Unit 2: Six patients had been mechanically restrained with handcuffs in 2011 up to the day of inspection. The Mechanical Restraint Register was examined and was in order. These episodes of mechanical restraint were also documented in the clinical files.

Unit 1 (women's forensic services): The Mechanical Restraint Register was examined and was in order.

Unit 4: Many of the order forms for mechanical restraint were still in the register; copies had not been placed in the clinical files. A number of order forms had not been completed and there was no evidence that the resident's next of kin had been informed. There was evidence that a risk assessment had been carried out prior to the use of mechanical restraint.

The service had a policy on Mechanical Means of Bodily Restraint which was in date.

Breach: 14.7, 17.3

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

PHYSICAL RESTRAINT

Use: Physical restraint had been used on Units B. Physical restraint had not been used on Units A, 2, 3, 4, 7, Laurel Lodge.

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 B: The Clinical Practice Form Book was reviewed along with three clinical files. The forms remained in the book although they should have been placed in the clinical files. The forms had not been completed in full. There was no evidence on the clinical files that patients had been afforded opportunities to discuss the episode with their multidisciplinary team or that the team had reviewed the episodes.

Unit 2: No patient had been physically restrained in 2011 to the date of inspection.

Unit 1 (women's forensic services): The clinical files of two residents who had been physically restrained were examined. The Clinical Practice Form Book was examined. Part 17 of the Clinical Practice Form in relation to one resident had not been completed in that the consultant psychiatrist did not complete the form.

Unit 4: Physical restraint had not been used in this unit since March 2010.

The service had an up-to-date policy on the Use of Physical Restraint. All residents had ongoing risk assessments.

Staff had been trained in the prevention and therapeutic management of violence and aggression and a log of training was inspected.

Breach: 5.7(c), 7.2, 8.3

ADMISSION OF CHILDREN

Description: One child had been admitted and discharged to the approved centre in 2011 up to the time of inspection. The clinical file of the child admitted was available for review by the Inspectorate. The child had been transferred from an institution for young offenders and was admitted under S.15 (2) of the Criminal Law Insanity Act 2006.

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 an unsuitable facility for the admission of children. The child had an individual care plan.

Breach: 2.5

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: No death had taken place in 2011 to the time of inspection.

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

Justification for this rating:

Deaths were notified to the Mental Health Commission. A record of incidents was maintained. The approved centre was compliant with Article 32 of the Regulations on risk management. The risk manager was identified in the approved centre.

ECT FOR VOLUNTARY PATIENTS

Use: Use: ECT was not administered in the approved centre. Residents who were prescribed ECT travelled to St. Vincent's Hospital, Elm Park. No resident was receiving ECT at the time of the inspection.

ADMISSION, TRANSFER AND DISCHARGE

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

Part 2 Enabling Good Practice through Effective Governance

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

There were policies on admission, discharge and transfer. There was also a policy on confidentiality and consent. There was a comprehensive risk management policy and all residents had up-to-date risk assessments. There was a policy in relation to vulnerable people which included people with intellectual disability and a policy on the admission of children. Key workers were identified. A communication policy was available, as was a policy on medication which was compliant with Article 23 of the Regulations.

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:

All admissions were planned and were only following pre-admission assessment. The residents were fully assessed following admission. This included a nursing assessment, mental state examination, physical examination and a risk assessment. Each resident had an individual care plan and was assigned a key worker and primary nurse. Their rights were fully explained to them. An information pack was made available and was in compliance with Article 20 of the Regulations.

The clinical files were well maintained and but were not in accordance with Article 27 of the Regulations in that six-monthly physical reviews were not easily retrievable. The approved centre must be compliant with Article 27 in order to be compliant with this Code of Practice.

The approved centre was complaint with Article 7 and 8 of the Regulations regarding personal property and clothing.

Breach: 22.6

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:

There was a transfer policy. Transfers were accompanied by nursing staff or care officers. Transfers were decided by the multidisciplinary team. A referral letter which included medication information and all other relevant information was sent with the resident.

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:

There was a discharge policy. Discharges were decided at multidisciplinary team meetings and were in accordance with the resident's legal status. Each discharge was meticulously planned. The key worker was involved. The resident was followed-up by the Recovery and Rehabilitation Team and General Practitioner follow-up was arranged. Discharge summaries were completed.

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

Description: There were a number of residents in the approved centre with an intellectual disability.

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 2: There was one patient who had an intellectual disability. The care plan was over one year old and had been done when he was resident on another ward. Nursing staff and an occupational therapist were working together on a specific programme using pictures and simple forms of communication to help this patient in his current situation.

Unit 4: One resident had an intellectual disability and mental illness. This resident had an individual care plan.

There was a policy on vulnerable adults which included people with intellectual disability. There had been no staff training in intellectual disability and mental illness.

Breach: 6.1

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: The majority of patients had been detained for three months or more.

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

Justification for this rating:

Unit A: Three clinical files were reviewed and all contained either written consent from the patient or Form 17 had been completed.

Unit 2: In each of the six clinical files reviewed the patients had either given written consent or a Form 17 had been completed.

Unit 3: Six clinical files were reviewed and written consent or Form 17 had been completed.

Unit 7: Three clinical files were examined. Consent form for medication had been signed by the resident in one file and Form 17 had been completed in the other two.

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

Description: There was no child resident under S 25 in the approved centre at the time of inspection.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

Unit B: One resident greeted the Inspectorate. No resident wished to speak with the Inspectorate.

Unit A: A number of residents spoke with the inspectorate. All stated that they were very happy with the move from Unit 1 to Unit A. They particularly liked that they had toilet facilities in their bedrooms and no longer need to call nursing staff for access to the toilet area. One of the advantages they reported about this was that their sleep was not as disrupted as before.

Unit 1 (women's forensic services): One resident spoke with the Inspectorate and stated that she represented the views of a number of residents of Unit 1 Residents were disappointed with the move to Unit 1 which had taken place in February 2011 as a number of proposed improvements to their conditions had not been realised. The women continued to be locked in their rooms from 2045 hrs to 0830 hrs, despite having been informed that rooms would be left open until 2300 hrs. This was a blanket rule and did not necessarily reflect the assessed need of individual women residents, some of whom attended rehabilitation programmes in the community. Access to the garden was very limited and restricted to short periods hourly. Residents were not allowed to use the kitchen in the ward to prepare simple food for themselves. Another resident requested the use of a radio in the high observation area which the Inspectorate was subsequently informed had happened. Other issues of concern had been expressed by the women in Unit 1 who had voiced their disappointment that the move to a larger unit had not delivered all that was promised in terms of a care pathway from acute to rehabilitation and recovery, with an associated lessening of restrictive practices. Instead they are now locked in their bedrooms at night and have to call nursing staff to use the toilets on the corridor. The IAN representatives reported that some women had said that at times they had to wait up to 30 minutes and this had resulted in toileting 'accidents'. The Executive Clinical Director subsequently stated that no promises or guarantees were given to patients prior to the move to Unit 1, and that for a brief period the call alarm had not been working on Unit 1 some months previously. This was fixed as soon as information came to light and one particular patient was allowed to have her bedroom door open at night until the alarm system was fixed.

The Inspectorate met with two representatives from the Irish Advocacy Network who visited the Central Mental Hospital regularly. They reported that management and staff supported their work and facilitated their easy access to patients. They were requested by patients to attend meetings between the patients and their consultants to provide support. Issues of concern voiced by patients centred around the uncertainty about the future location of the service as patients had developed strong links within the local community and geographically it is easily accessible for most visitors. The afternoon visiting times had been reduced to facilitate therapeutic activities and there was some concern voiced about this but there was a review mechanism in place.

OVERALL CONCLUSIONS

It was excellent to report that in 2011 all residents had a comprehensive individual care plan. The range of therapeutic services and programmes was extensive as were the recreational activities. All residents now received 25 hours of structured activities per week.

Unfortunately, yet again, there were areas in the hospital that were dirty despite highlighting this in previous reports.

The Inspectorate was particularly concerned about the forensic services for women. As outlined in the description of the approved centre, a recent move of the women's service to Unit 1 (women's forensic services) had provided more living space. However the bedrooms were tiny, cell-like rooms into which the women were locked from 2045h to 0830h and must ring a bell if they wished to use the toilet. There was minimal storage space and most women's possessions were stored in boxes or bags or hanging on the wardrobe doors. There were no easy chairs in the bedrooms. Beds consisted of mattresses on hard wooden platforms. All women were locked in their rooms at night regardless of assessed risk. There was no access to kitchen facilities for the women. The observation area in Unit 1 (women's forensic services) was totally unsuitable, consisting of a narrow corridor and small rooms. There was no living area and women were obliged to watch TV on the corridor. The seclusion rooms were unsafe and breached the Rules Governing the Use of Seclusion. Access to outside space was limited despite a fenced garden area. Of particular concern is that there was no step-down facility for women. Unit 1 was the only unit for women, regardless of their therapeutic security requirements or rehabilitation status. A number of women were reported to be ready for supervised community living but nothing was available for them.

As outlined in all previous reports the facilities at the Central Mental Hospital were unsuitable for the provision of a forensic mental health service. The building was old, needed constant maintenance; bedrooms were small, and in the old building, cell-like. Patients in Units 1, 2, 3, 4, A and B continued to be locked in their bedrooms from 2100h to 0800h regardless of assessed risk.

The provision of forensic mental health services for both men and women in such an unsuitable environment was unacceptable. It was also unacceptable that plans to provide suitable accommodation had not progressed. Each year the Inspectorate states that the Central Mental Hospital is not a suitable building for a modern forensic mental health service yet no progress has been made in rectifying the situation.

RECOMMENDATIONS 2011

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

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

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

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.

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

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.

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.