

Report of the Inspector of Mental Health Services 2009

MENTAL HEALTH SERVICE	HSE West
APPROVED CENTRE	Psychiatric Unit, University College Hospital, Galway
CATCHMENT AREA	West Galway
NUMBER OF WARDS	1
NAMES OF UNITS OR WARDS INSPECTED	Psychiatric Unit
TOTAL NUMBER OF BEDS	43
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Announced
DATE OF INSPECTION	15 July 2009

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

DESCRIPTION

The Psychiatric Unit had 43 beds and serviced a population of 121,567 people. Capacity was reported at over 100 per cent, with the service often transferring people to two reserved beds in Merlin Park University Hospital for this purpose. The service was a bed-based service, with all professionals working from the acute unit. Four general adult teams and one psychiatry of later life team had admitting rights to the unit. In addition, the unit had formal links with NUI Galway. On the day of inspection there were 43 residents. Two of the residents were absent with leave under Section 26 of the Mental Health Act, for six months and one month respectively.

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Psychiatric Unit	43	41 + 2 on leave	General adult teams Psychiatry of later life

QUALITY INITIATIVES

- Clinical supervision for nursing staff was being introduced.
- A verbal therapies support group for staff had been established.
- The senior management team met monthly and included all heads of discipline.
- A clinical governance group was being planned and part of its remit was to review incidents.
- A plan to introduce an online information system for residents had been progressed but access for residents was blocked by lack of support from the IT department.
- A new information booklet had been developed and was in draft form.

PROGRESS ON RECOMMENDATIONS IN THE 2008 APPROVED CENTRE REPORT

1. The individual members of the teams who attend the multidisciplinary team should be documented to demonstrate accountability of care and the degree of the multidisciplinary team working that is taking place in the approved centre.

Outcome: No substantial progress was reported on this recommendation, although the service indicated they were remodelling the care plans.

2. The care plans could be enhanced by providing residents with opportunities to be more actively involved in the development and ongoing review and evaluation of their own care plans. Residents could be facilitated to sign their care plans, thereby providing documentation of the level of involvement and collaboration of each resident in the care planning process.

Outcome: No substantial progress was reported on this recommendation, although the service reported they were working on it.

3. Integrated clinical notes should include contemporaneous notes from health and social care professions.

Outcome: There was limited progress on this. The Inspectorate was informed that some professions had commenced entering notes just prior to the inspection. It was unclear what the barriers were. The service had developed draft integrated clinical files.

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

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

Article 4: Identification of Residents

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

Justification for this rating:

Two nursing staff were involved in administering medication. Wrist bands were used for identification if required.

Article 5: Food and Nutrition

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

Justification for this rating:

Drinking water was available on the two sides of the unit. A choice of foods was available and special diets were catered for.

Article 6 (1-2) Food Safety

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

Justification for this rating:

A food safety action plan was given to the Inspectorate team. A food hygiene policy was in place.

Article 7: Clothing

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

Justification for this rating:

The service had a policy for nursing patients in night clothes. None of the residents were being nursed in night clothes on the day of inspection

Article 8: Residents' Personal Property and Possessions

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

Justification for this rating:

A triplicate book was kept to record resident's property and a copy was made available to residents. There was a policy and procedure in place.

Article 9: Recreational Activities

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

Justification for this rating:

There were a number of recreational activities available on the ward.

Article 10: Religion

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

Justification for this rating:

Religious needs were catered for and a list of local clergy of various denominations was available on the ward.

Article 11 (1-6): Visits

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

Justification for this rating:

Supervised visits by children were facilitated. Visiting times were listed in the resident information booklet and residents were told of visiting times at admission.

There was a policy and procedure in place that was due for review in June 2009. An updated policy was submitted following the inspection.

Article 12 (1-4): Communication

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

Justification for this rating:

The communication policy and procedure were out of date. The service reported that a new policy would be available at the end of September.

Breach: Article 12 (3)

Article 13: Searches

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

Justification for this rating:

The file of a resident whose property had been searched was reviewed. The identity and number of staff involved had not been recorded. The search was written as apart of the resident's care plan to which the resident had consented.

The policy and procedure were under review and in draft form. The service reported that a new policy would be available at the end of September.

Breach: Article 13 (3)

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

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

Justification for this rating:

Residents who were dying were usually transferred to an appropriate medical ward.

Article 15: Individual Care Plan

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

Justification for this rating:

In the files reviewed, a number of residents did not have up-to-date regularly reviewed care plans. The care plans for some residents were written on continuation care plans sheets for use with residents who were long stay although they had only be admitted for three to four weeks. These did not record goals or specific interventions.

Breach: Article 15

Article 16: Therapeutic Services and Programmes

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

Justification for this rating:

There was an activities programme in place, facilitated by two members of the nursing staff. The occupational therapist also provided a set number of sessions to the programme. However some of the care plans reviewed by the Inspectorate were not regularly reviewed.

Each resident had access to a wide range of health and social care professionals and medical staff on the teams.

Breach: Article 16 (2)

Article 17: Children's Education

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

Justification for this rating:

Children who had been admitted had their educational needs provided for while admitted.

Article 18: Transfer of Residents

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

Justification for this rating:

The service reported that it had reserved two beds in Unit 9A Merlin Park for the purpose of alleviating bed shortages in the unit. Two residents had been transferred to date in 2009. In 2008 the number was 32 residents.

Breach: Article 18 (1)

Article 19 (1-2): General Health

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

Justification for this rating:

There was good access to other medical specialties in the general hospital. None of the residents had been admitted for longer than six months.

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

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

Justification for this rating:

The information booklet in use on the unit on the day of inspection was out of date and referred to the 1945 Mental Treatment Act. A new draft booklet was in circulation for consultation. No date was available for when it would be available for residents. It was subsequently reported that the booklet would be available by the end of September.

Breach: Article 20 (1)

Article 21: Privacy

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

Justification for this rating:

Although most beds were in dormitories all had curtains around them.

Article 22: Premises

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

Justification for this rating:

A new high observation area had been completed since the last inspection. It remained unused. Observation of residents was difficult given the current layout of the ward.

On the day of inspection, there were a number of pieces of furniture in the day areas that were awaiting disposal, giving them a cluttered appearance. It was subsequently reported that this furniture was removed on 17 July.

Breach: Article 22 (3)

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

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

Justification for this rating:

A pharmacist attended the ward most mornings, monitored prescriptions and was available to talk to residents about their medication. A pharmacy technician checked the medicines stack every week.

There was a policy and procedure in place, with a review date of August 2009.

Article 24 (1-2): Health and Safety

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

Justification for this rating:

The health and safety statement was in place with a review date of April 2009.

Article 25: Use of Closed Circuit Television (CCTV)

CCTV was not in use at the time of the inspection.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Psychiatric Unit	Nurse	9	5
	Consultant	5	On call
	NCHD	9	On call
	Occupational therapist	2	
	Social worker	3	
	Psychologist	3	

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

Justification for this rating:

The ward had a mix of staff available. A record was kept of the nurse in charge of the ward.

Article 27: Maintenance of Records

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

Justification for this rating:

There was no recent inspection of food safety. There was a fire inspection report dated 27 May 2009. The unit had a health and safety statement. One of the clinical files reviewed was in poor condition and had pages loose and at risk of falling out.

Breach: Article 27 (1)

Article 28: Register of Residents

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

Justification for this rating:

The register was in order and available on the day of the inspection

Article 29: Operating Policies and Procedures

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

Justification for this rating:

A nursing post was assigned to reviewing all policies and procedures. A number of policies had passed their review date or required to be updated. The service reported that this would be completed by the end of September 2009.

Breach: Article 29

Article 30: Mental Health Tribunals

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

Justification for this rating:

There was a suite for mental health tribunals in place.

Article 31: Complaint Procedures

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

Justification for this rating:

The HSE complaints system was in operation. Leaflets were available on the ward.

Article 32: Risk Management Procedures

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

Justification for this rating:

There was an overall risk management policy in place. There was no procedure in place for the risks identified in Article 32 (2) of the Regulations.

A new governance structure had been agreed, to commence in September. In addition a risk register for Galway Mental Health Services was maintained.

Breach: Article 32 (2)

Article 33: Insurance

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

Justification for this rating:

A copy of the insurance policy was made available to the Inspectorate team.

Article 34: Certificate of Registration

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

Justification for this rating:

The certificate was framed and on display.

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

SECLUSION

Use: There had been 23 episodes of seclusion from January 2009 to the date of the inspection. The seclusion room was in use on the day of inspection and therefore was not inspected.

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

Justification for this rating:

There was no evidence in the clinical files reviewed that the next of kin had been informed, that the episodes had been reviewed by the multidisciplinary team, or that the residents had been given an opportunity to discuss the episode with the team. The seclusion policy was detailed. There was a requirement under the Rules that it should be reviewed yearly. The service reported that a new policy with an annual review date would be available at the end of September.

Breach: Section 2 (10), Section 6(3), and Section 9(2).

ECT (DETAINED PATIENTS)

Use: The waiting area of the dedicated ECT suite hosted other activities when not in use.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
2	Consent	X			
3	Information			X	
4	Absence of consent	NOT APPLICABLE			
5	Prescription of ECT	X			
6	Patient assessment	X			
7	Anaesthesia	X			
8	Administration of ECT	X			
9	ECT Suite	X			
10	Materials and equipment	X			
11	Staffing	X			
12	Documentation	X			
13	ECT during pregnancy	NOT APPLICABLE			

Justification for this rating:

The information given to patients was also under review. The current information leaflet did not meet the requirements of section 3. The service reported that a new booklet will be available at the end of September. In addition to the rules the services had a policy in place. It was undated. It was reported that a draft policy was due to be signed by the management team.

Breach: Article 3

MECHANICAL RESTRAINT

Mechanical restraint, including Part 5, was not used on the ward. There were two Buxton chairs on the unit on the day of inspection. It was reported later that they had been removed.

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

PHYSICAL RESTRAINT

Use: Physical restraint was used.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
2	Orders		X		
3	Resident dignity and safety	X			
4	Ending physical restraint		X		
5	Recording use of physical restraint	X			
6	Clinical governance		X		
7	Staff training	X			
8	Child residents	NOT APPLICABLE			

Justification for this rating:

There was no evidence that next of kin had been informed or that the resident had an opportunity to discuss the episode with the multidisciplinary team or that the multidisciplinary team had reviewed the physical restraint. There was a policy in place that was due to be reviewed in August 2010.

Since the inspection it was reported that a new checklist was being developed to ensure compliance with the Code of Practice.

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

ADMISSION OF CHILDREN

Description: One child had been admitted to date in 2009.

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

Justification for this rating:

As an adult facility this unit was unsuitable for the care and treatment of children. The policy on family liaison had no review date. The policy on confidentiality should have been reviewed in August 2008.

The service reported that a new policy on family liaison would be available at the end of September, that the policy on confidentiality had been reviewed and signed in July 2009. No copy was received.

Breach: Section 2.5 (b) and Section 2.5 (l).

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: The service reported all incidents as required.

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

Justification for this rating:

The service did not have all the requirements in place under Article 32 of the Regulations. The policy and procedure in place were due to be reviewed in December 2009.

Breach: Section 3.1

ECT FOR VOLUNTARY PATIENTS

Use: No resident was having ECT on the day of inspection and no files were reviewed.

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

Justification for this rating:

The information leaflet did not meet the requirements of the Rules. It was reported that a new leaflet was under development and would be available at the end of September. There was a dedicated ECT suite with a waiting area that was used for other activities when not in use for ECT.

Breach: Section 3

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

SECTION 60 – ADMINISTRATION OF MEDICINE

As there were no patients receiving medication who had been detained for longer than three months in the approved centre on the day of inspection, Section 60 did not apply.

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

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

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

No service users spoke with the Inspectorate team. A detailed report was prepared by the Irish Advocacy Network and is recorded in the catchment area report.

OVERALL CONCLUSIONS

It was of concern that residents were being transferred to an external hospital to manage bed numbers. Also of concern was the fact that information provided to residents on the unit about their rights and about ECT was out of date and that the compliance levels for recording the use of seclusion was poor. A number of policies were in need of review.

There was a need to ensure that each resident had a current individualised care plan based on needs and with identifiable goals and timeframes. There needed to be clear evidence in the files that all professionals were recording their interventions and goals in a consistent manner.

The staffing and expected opening date of the newly constructed high observation area remained unclear at the time of the inspection. It was reported that there were ongoing talks between unions and management regarding this facility.

RECOMMENDATIONS 2009

1. The transfer of service users to another approved centre for the purpose of alleviating bed shortages must cease.
2. All information provided to service users must be current and written in accessible language in accordance with the Regulations and Rules for treatment.
3. There should be clear signage at the entrance to the unit.
4. All policies must be updated to meet the requirements of the Rules on seclusion and mechanical restraint. All policies on children must be in date.
5. The new governance structure should be implemented.
6. Integrated clinical notes should include contemporaneous notes from all health and social care professionals.
7. Each resident must have an individual care and treatment plan. A programme of activities must be linked to the assessed needs of the residents.