

Report of the Inspector of Mental Health Services 2012

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Dublin West, South West & South City
HSE AREA	Dublin Mid Leinster
MENTAL HEALTH SERVICE	Dublin South City
APPROVED CENTRE	Jonathan Swift Clinic
NUMBER OF WARDS	3
NAMES OF UNITS OR WARDS INSPECTED	William Fownes Ward Beckett Ward Conolly Norman Ward
TOTAL NUMBER OF BEDS	51
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	20 September 2012

Summary

- The approved centre was not compliant with Section 60 of the Mental Health Act 2001.
- ECT had been prescribed for a voluntary patient without informed consent.
- It was evident that staff were committed to providing a good standard of care and were observed by inspectors to have good interaction with residents, however, tardiness in professional knowledge of key legislation meant that staff were not adequately exercising their professional responsibility. The inspection report of 2011 similarly identified such gaps in knowledge.
- The individual care plans were generally well documented and multidisciplinary teamwork was evident, including the joint provision of groups and programmes.

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 Jonathan Swift Clinic was located within the busy St. James's Hospital. The unit was laid out over two floors: the lower floor had a central courtyard garden and accommodation included a selection of communal spaces such as day rooms and a library; the first floor William Fownes Ward was well maintained, the environment was cramped, with a small day room and very limited seating. Most residents could access the courtyard and the main hospital concourse, including shop and cafes during the day. A minority of residents were confined to the upstairs unit unless accompanied by staff to the garden area and this depended on staff availability.

On the day of inspection, there were 43 residents, seven of whom were detained.

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	19	25	18
Substantial Compliance	9	2	8
Minimal Compliance	0	0	0
Not Compliant	1	2	4
Not Applicable	2	2	1

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
William Fownes	26	23	General Adult
Beckett	16	14	General Adult
Conolly Norman	9	6	Psychiatry of Old Age

QUALITY INITIATIVES 2011/2012

- There was ongoing research within the service.
- A public meeting on the Wellness Initiative was to be held over two weekends.
- The Occupational Therapy Department had acquired a pottery kiln through the auspices of the Trinity Foundation and funds raised by medical students in Trinity College Dublin.
- A “Wellness Card” had been introduced with the Jonathan Swift Clinic, whereby residents were encouraged to record their daily coping strategies with the aim of promoting personal mental wellbeing awareness.
- A Cognitive Stimulation Therapy programme had been developed by clinical psychology and occupational therapy. This programme was run in Conolly Norman Ward and was ongoing.

PROGRESS ON RECOMMENDATIONS IN THE 2011 APPROVED CENTRE REPORT

1. An immediate review of staffing levels on night duty should be undertaken by the approved centre.

Outcome: A review had taken place and management reported that redeployment of staff in the integrated service area was being considered to address the issue. One sitting room on Beckett Ward was closed at night time to facilitate supervision of residents.

2. The approved centre should have a policy on the management of persons with an intellectual disability and a mental illness. Staff should be trained in this regard.

Outcome: An up-to-date policy was in place and staff training had been provided.

3. The individual clinical files on William Fownes Ward should be maintained in good order.

Outcome: The individual clinical files in William Fownes Ward were well maintained.

4. The approved centre should review the method used for the identification of residents for the administration of medication on Beckett ward to ensure safe administration.

Outcome: Photographic identification was used with the residents’ consent and was attached to the medication Kardex form.

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
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:

Residents provided consent for the use of photographic identification for the purpose of the administration of medication. This was a welcome development in relation to Beckett Ward where medication was administered by one nurse. At the time of inspection the nurse assigned to this ward had arrived that day, having been temporarily redeployed from the community.

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:

There was an excellent choice of meals provided for residents, including fish, vegetarian, ethnic and special diet options. Residents made their choice at the server. Fresh drinking water was available throughout the approved centre. Fresh fruit was available.

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	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 most recent Environmental Health Officer's report was available and the approved centre was deemed satisfactory. Food was cooked in the main St. James's Hospital kitchen and delivered to the units.

Article 7: Clothing

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>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			X

Justification for this rating:

The approved centre had a policy on clothing which stated that where residents were required to wear night attire as part of their care plan, that this was to be clearly recorded in the individual clinical file. This was not in operation. The Regulations stipulate that night clothes are not worn by residents during the day, unless specified in a resident's individual care plan. The individual clinical file of one resident dressed in hospital gowns was inspected and there was no record to this effect. Medical staff stated that they were unaware of the requirement.

There was no contingency plan for the provision of personal clothing where a resident did not have an adequate supply of their own clothing. The approved centre served an inner city catchment area which included a homeless population and had a significant social deprivation index level. Hospital gowns were being worn by two female residents at the time of inspection. Personal dignity and bodily integrity were not adequately catered for.

Breach: 7 (1),(2)

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:

There was an up-to-date policy on residents' personal property and possessions. There was safe storage within the approved centre. A property checklist was completed and countersigned at the time of admission.

Article 9: Recreational Activities

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:

There was excellent recreational provision in Beckett and Conolly Norman wards on the ground floor. Residents on William Fownes ward could use the garden, library and recreational facilities on the ground floor if so specified in their individual care plan. Fownes Ward which was located on the first floor was more limited in its options owing to a lack of space. There was a large screen and DVD player and a television in William Fownes ward. There were some table games also.

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:

Residents of all faith groups were facilitated in the practice of their religion in so far as was practicable.

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:

The approved centre had a policy on visits. The main hospital visiting times applied, however, staff endeavoured to be reasonably flexible in this regard. There were appropriate spaces available for visiting both within the ward areas and in the main hospital concourse and coffee shops.

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:

There was an up-to-date policy on communication. Residents could send and receive post unopened. Residents could retain and use their mobile telephones. Residents were facilitated to make calls if necessary using an office phone and privacy was afforded whilst on the phone.

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:

The approved centre had an up-to-date policy on the making of searches, with and without consent and on the finding of illicit substances. Routine property searches were carried out at the time of admission and two members of staff were always in attendance. The individual clinical file of one resident in William Fownes ward who had been searched upon returning from leave was inspected and the search was recorded.

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:

The approved centre had a policy on the care of residents who are dying. Single rooms were available where required.

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:

The individual care plan (ICP) template documentation was excellent. In the main the ICPs were completed to a good standard and with evidence of multidisciplinary care planning and timely reviews. A primary nurse system was in place. The ICP documentation made provision for recording the resident's own views and input.

Two of the clinical files inspected on Beckett ward did not have an ICP recorded for the individual. The standard required by Article 15 that each resident have an individual care plan was not met.

Breach: 15

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:

This Article requires each resident to be provided with therapeutic services and programmes in accordance with their ICP. Two residents did not have ICPs and therefore the approved centre was not compliant with Article 16.

There was a good therapeutic programme provided by nursing, occupational therapy and clinical psychology staff. Inspection of individual clinical files showed that the ICPs made good specification of the required therapeutic input for the resident. Each discipline, including social work and pharmacy, recorded input in the clinical file. The standard of the occupational therapy assessments and records was exemplary.

The therapeutic timetables posted in Beckett and William Fownes wards were out of date and misinformed residents that more programmes were being provided than was the case in reality. This was drawn to staff's attention by inspectors and a new timetable was posted immediately.

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	NOT APPLICABLE	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 approved centre had a policy on the provision of education for a child should the need arise. No child had been admitted to the approved centre in 2012 up to the time of inspection.

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:

The approved centre had a policy on the transfer of residents. The relevant clinical information accompanied the resident on transfer. Where a resident was transferred to the main St. James's Hospital, the entire individual clinical file accompanied the resident. The individual clinical file of a resident who had been transferred was inspected and full documentation had accompanied the resident.

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	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 approved centre had written operational policies and procedures for responding to medical emergencies. The Clinical Nurse Manager 3 (CNM3) maintained a log of upcoming physical health reviews falling due. On the day of inspection this was not accessible to staff. The individual clinical file of one person resident in Beckett ward for a period in excess of six months was inspected and a general health review was recorded. Residents had access to national health screening programmes.

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	
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:

Information on advocacy services were inadequate. The posters detailing the name and contact details for the independent advocate were accurate in Conolly Norman ward and out of date in both Beckett and William Fownes wards.

Inspectors asked William Fownes ward staff for a copy of the information leaflet on the approved centre which was provided to residents. A one sheet leaflet which was poorly photocopied and sparse in its information content was given to inspectors. Subsequently, nursing management advised that a comprehensive folder of information was usually provided to residents and produced a copy of this. This folder was attractively put together and informative and met the high standard achieved in the 2011 inspection. There appeared to be a lack of clarity over what information folder or leaflet was currently being provided by frontline staff to residents.

There was good information displayed on ward noticeboards detailing the residents' multidisciplinary team members and primary nurse, and it was clear that residents were familiar with who was assigned to their care. There was a pharmacist assigned to the approved centre who participated in the multidisciplinary team reviews, met with residents individually and in groups and provided information on medications. This initiative had been in place for a number of years and was an excellent practice.

The wall mounted information stands in Beckett and William Fownes wards were largely empty and needed to be restocked with up to date information on diagnoses, the complaints procedure, self-help and community agencies.

There was a policy on the provision of information to residents.

Breach: 20 (d)

Article 21: Privacy

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:

Residents' privacy was respected in terms of lockable lavatories and shower rooms, and privacy curtains surrounding all beds. The wearing of hospital gowns did not facilitate dignity and privacy and was not specified as a necessary care intervention.

Breach: 21

Article 22: Premises

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:

Jonathan Swift Clinic was a busy acute unit and required constant cleaning and attention to the upkeep and fabric of the premises. Overall, the unit was well maintained. The floor covering in a lavatory on Beckett ward required replacement due to staining, the ceiling tiles at various points throughout were unsightly due to stains.

Conolly Norman ward was bright and clean and an evident effort had been made by nursing and occupational therapy staff to provide an environment that was stimulating, homely and visually attractive. An aromatherapy oil stone was available but needed a new supply of oils.

Beckett ward was laid out around a most attractive garden quadrangle which featured sculpture and was well planted and maintained. The dining room and communal sitting rooms were well maintained and had sufficient comfortable seating.

William Fownes ward was dull and monochromatic in appearance. The small sitting room was cramped and only had eight seats to accommodate up to 26 residents. The dining room was devoid of colour. The smoking room was in constant use and was understandably grubby. Fownes ward would benefit from additional seating and some attention to decor to render a more therapeutic environment.

Breach: 22. 2

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	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 approved centre had up-to-date policies on the prescribing, ordering, storing and administration of medicines. A pharmacist was assigned to the unit and was a valuable asset to the multidisciplinary teams.

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:

The Health and Safety Statement was up to date. The approved centre had written operational policies on health and safety.

Article 25: Use of Closed Circuit Television (CCTV)

CCTV was not used in the approved centre.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
William Fownes Ward	CNM3		0
	CNM2		0
	(both above posts are shared with Beckett Ward)		
	CNM1		1
	RPN		2
Beckett Ward	CNM2, CNM3	Shared	1
	RPN		1
Conolly Norman Ward	CNM2	Monday to Thursday	0
	RPN		1
	HCA		1

Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Health Care Assistant (HCA), 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		
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

Justification for this rating:

Discussion between the inspectors and staff during the course of the inspection highlighted gaps in staff's knowledge and appreciation of the requirements of the Mental Health Act 2001, the Regulations pursuant to the Act and the Rules and Codes of Practice. This was regrettable from many points of view, paramount being patient dignity and rights. It was evident that staff were committed to providing a good standard of care and were observed by inspectors to have good interaction with residents, however, tardiness in professional knowledge of key legislation meant that staff were not adequately exercising their professional responsibility. The inspection report of 2011 similarly identified such gaps in knowledge.

The staff training log was inspected. There was no record of training in the Mental Health Act. The clinical director stated that whilst training had been provided at the time of the enactment that this had not been updated. The training log for nursing staff was out of date in relation to the Act also. The occupational therapy log included a record of training in the Mental Health Act via the Health Service Executive (HSE) Land (eLearning) and the Mental Health Commission websites.

Staff's lack of appreciation of the safeguards provided for in the legislation were key factors in the approved centre's 2012 breach of Sections 16 and 60 of the Act and failure to comply with Article 7, amongst others, of the Regulations and with the Code of Practice on the Use of Electroconvulsive Therapy for Voluntary Patients. The registered proprietor is responsible for ensuring staff are trained. The registered proprietor had ensured that there was a copy of the Act and the rules and regulations made thereunder available to all staff.

The training log was up to date in other regards. Training in the therapeutic management of violence and physical restraint was ongoing.

The HSE policies and procedures relating to the recruitment, selection and vetting of staff applied.

The skill mix of staff was appropriate to meet the assessed needs of residents. Clinical psychology, occupational therapy and social work interventions were all recorded in the individual clinical files. Inspectors reiterated their concerns of 2011 about the numbers of nurses allocated at night time and the demands of supervising such a busy acute unit laid out over two floors and that a CNM1 grade was the person in charge. Management stated that the staffing number was being reviewed and the intention was to address this via the redeployment of staff within the Integrated Service Area. The senior nurse on duty in St. James's Hospital at night had responsibility for the Jonathan Swift Clinic also.

Breach: 26 (2),(4),(5)

Article 27: Maintenance of Records

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
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	

Justification for this rating:

There was an up-to-date policy on records that met the requirements of this Article.

The individual clinical files in Conolly Norman ward were well maintained and information was readily accessible.

The individual clinical files in Beckett ward, in many instances, featured loose and unsecured data.

The individual clinical files in William Fownes ward were generally well maintained and information was accessible

All records of inspections relating to food safety, health and safety and fire were maintained in the approved centre and available for inspection.

Breach: 27 (1)

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 Register of Residents did not meet all the requirements of Schedule 1 as it made no provision for the recording of PPS number.

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	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:

Operating policies and procedures were up-to-date and were available to staff on computer within each ward office. Management stated that policies were currently being reviewed.

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	
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 failed, on three occasions in 2012 up to the time of inspection, to comply with Section 16 (1)(a) of the Mental Health Act 2001. An appropriate room was provided by the approved centre for Mental Health Tribunals. Patients were assisted to attend where required.

Breach: 30 (1)

Article 31: Complaint 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:

The approved centre had written operational policies and procedures on the making, handling and investigation of complaints. The CNM3 was the nominated person within the approved centre to deal with all complaints in the first instance. All complaints were forwarded to the Complaints Officer in St. James's Hospital. A log of complaints was maintained in the approved centre.

Conolly Norman ward highlighted the complaints procedure on the information board. There was insufficient signage in Beckett and William Fownes wards to alert residents about the complaints process.

Breach: 31 (3)

Article 32: Risk Management Procedures

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:

The approved centre had detailed written policies on risk management that met the standards of the Regulations. The approved centre, however, did not operate according to its own policy in relation to the review of untoward incidents or adverse events. Risk assessment was completed at the time of admission and reviewed as deemed clinically appropriate. One risk assessment had been completed with no date or signature.

The incident record log was inspected and was well maintained. All incidents were notified to the Mental Health Commission.

Breach: 32 (1)

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 approved centre was indemnified under the HSE and the State Claims Agency 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 a prominent position at the entrance hallway.

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

SECLUSION

Use: Seclusion was not used in the approved centre.

Electroconvulsive Therapy (ECT) (DETAILED PATIENTS)

Use: The approved centre did not administer ECT. Patients prescribed this treatment, by their treating consultant in Jonathan Swift Clinic, attended St. Patrick's University Hospital for the administration of ECT. On the day of inspection, one resident, now voluntary, had received a course of ECT earlier in their admission whilst being of detained status.

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

Justification for this rating:

The individual clinical file of one individual, now of voluntary status but who had received a course of ECT under Section 59 (2) of the Mental Health Act, was inspected and in order. Form 16 had been completed and was in order.

MECHANICAL RESTRAINT

Mechanical restraint was not used in the approved centre except for Part 5 relating to restraint for enduring risk of harm to self and others and this had not been used in 2012 up to the date of inspection.

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

PHYSICAL RESTRAINT

Physical restraint was used in the approved centre.

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:

The Clinical Practice Forms for Physical Restraint were examined. All had been correctly completed and signed and placed in the clinical files. Physical restraint was documented in the clinical files. There was no record in one clinical file as to why next of kin were not informed of physical restraint. Staff training in management of aggression and violence had taken place. There was a marked improvement in compliance in this Code of Practice since 2011.

Breach: 5.9

ADMISSION OF CHILDREN

Description: No child had been admitted to the approved centre since January 2012.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: There had been one death of a resident since January 2012 up to the time of the inspection.

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

Justification for this rating:

Deaths and incidents were reported to the Mental Health Commission as required and in a timely manner. The incident record book was kept within the approved centre and was inspected. Recording was of a good standard. There was an identified risk manager. The approved centre was not implementing its own stated risk management policy and was not fully compliant with Article 32 on Risk Management.

Breach: 4.3

Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS

Use: Two residents had received ECT in another approved centre.

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

Justification for this rating:

The individual clinical files of two residents were inspected. ECT was administered in another approved centre. There was an excellent ECT information booklet. ECT was prescribed by the treating consultant psychiatrist.

In one clinical file written consent by the resident was recorded. Recording was of high standard in both the ECT pack and the clinical file.

The clinical file of one resident indicated that the voluntary resident had been administered three sessions of ECT without consent. The pre-ECT assessment recorded in the clinical file indicated that

the resident did not have capacity to consent. Whilst the Information Pack for ECT was excellent, there was no record in the individual clinical file that the requirements of Part 2 of the Code of Practice on the Use of Electroconvulsive Therapy for Voluntary Patients had been met. No consent form was provided to the anaesthetist. The clinical record indicated that another approved centre had administered ECT to this resident according to the requirements of Section 59 of the Mental Health Act 2001, mistakenly assuming that individual was of detained status, when in fact, the detention order had expired and the resident's status had reverted to voluntary.

Breach: 4.1, 4.3, 4.6,4.9,8.6

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:

There was a policy on admission, transfer and discharge. The situation regarding coverage arrangements for the Clinical Director was unclear. This was a matter of concern with respect to robust governance and the operation of the approved centre's own policies. The approved centre was not fully compliant with Article 32 on Risk Management. A key worker system was in place.

Breach: 6.1, 7.1

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:

Admissions were assessed by the duty doctor and nursing staff. The psychiatric admission was incomplete in a number of cases and was missing completely in one clinical file in Beckett Ward. The nursing assessment was good. A physical examination took place in all cases. In one individual clinical file inspected the admission record did not indicate the legal status of the person being admitted and was left blank.

Not every resident had an individual care plan. The approved centre was non compliant with Article 7 of the Regulations on Clothing, Article 27 on Maintenance of Records and Article 20 on Provision of Information. It was compliant with Article 8 on Personal Property and Possessions.

Breach: 15.3, 16.3(c), 17.1, 22.6, 23.1.1

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:

All information accompanied the resident on transfer. When transferred to other areas in St. James's Hospital the clinical file accompanied the resident. The approved centre was compliant with Article 18 of the Regulations on Transfer of Residents. The individual clinical file of one resident who had been transferred was inspected and all documentation was well recorded in relation to the transfer and treatments.

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:

Discharge planning was part of the individual care plan. The decision to discharge was made by the consultant psychiatrist in conjunction with the multidisciplinary team. A discharge summary was sent to the general practitioner and a copy kept in the clinical file. Follow-up was arranged. The family, as far as possible, was involved in the decision to discharge.

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

Description: There was no resident with intellectual disability in the approved centre.

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:

There was a policy on intellectual disability and mental illness. Staff were undergoing training in 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: Two patients were detained for a period in excess of three months and were receiving medication.

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

Justification for this rating:

One patient did not consent to medication and a Form 17 was correctly completed and was in date.

In the case of the other patient it was stated in the chart that the patient consented to medication but there was no signed consent form.

Breach: Section 60 (a) Mental Health Act 2001

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

There was no detained child in the approved centre at the time of the inspection.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

The inspectors greeted residents throughout the course of the inspection.

The independent advocate submitted a written report to the Inspectorate in 2012 reflecting the issues raised by residents in William Fownes and Beckett wards. The advocate reported that clients appreciated the occupational therapy (OT) service. In relation to multidisciplinary team meetings, the advocate stated that “a large number of clients have expressed concerns around team meetings. They stated that they find them very intimidating. They stated that they feel anxious and under pressure to say the right thing. Some stated that they were unclear as to who some members of the team were as not all members spoke during sessions and failed to introduce themselves or their discipline so that clients could speak to them directly, to bring up issues relevant to their field. All stated that they would prefer more one to one sessions”. Medication was another theme raised and it was reported by the advocate that clients still “feel that they have little or no voice when it comes to issues regarding medication. They report unpleasant and uncomfortable side effects which they say negatively affect their quality of life and feedback to our service is that they feel that their distress and concern is ignored.”

A key issue flagged by the advocate was that “some clients have stated that they were unaware of their status, i.e. voluntary or involuntary. They felt that the lines between voluntary and involuntary were unclear.”

OVERALL CONCLUSIONS

The Jonathan Swift Clinic was a busy acute unit. The approved centre strove to provide a good standard of care with evidence based treatments and therapies. Multidisciplinary teamwork was evident in the individual clinical files and in the provision of therapeutic groups.

The standard of information provision to residents was good in Conolly Norman ward but had not been maintained in the other two wards. Information required to be updated and visible in relation to independent advocacy services, the complaints procedure, the therapeutic timetable and a ready-to-hand supply of the information leaflet about the unit.

The approved centre was not fully implementing its own governance policy and this had impacted on standards in relation to admissions, consent to treatment and timely notification of admission orders. Thus, the rights of patients were not being protected and given due regard. The approved centre was not compliant with Section 60 of the Mental Health Act 2001. ECT had been prescribed without the consent of a voluntary patient. There was an improvement in compliance with the Code of Practice on Physical Restraint.

RECOMMENDATIONS 2012

1. The approved centre must be compliant with Section 60 of the Mental Health Act 2001.
2. Staff training on the Mental Health Act 2001 and subsequent Regulations, Rules and Codes of Practice must be updated. This should include particular focus on the role of the responsible consultant psychiatrist.
3. Each resident must have an individual care plan.
4. Where a resident is required to wear night attire as part of their care, this must be specified and recorded in the individual care plan. There must be a contingent for the provision of an individual supply of clothing where necessary.
5. The approved centre should ensure that the numbers of staff at night are appropriate to the assessed needs of residents, the size and layout of the approved centre.
6. The approved centre must implement its stated risk management policy.
7. The approved centre must adhere to the Code of Practice on the Use of Electro-Convulsive Therapy for Voluntary Patients.