

Report of the Inspector of Mental Health Services 2011

EXECUTIVE CATCHMENT AREA	Dublin West, Dublin South West, Dublin South City.
HSE AREA	Dublin Mid-Leinster
MENTAL HEALTH SERVICE	Dublin South City
APPROVED CENTRE	Jonathan Swift Clinic, St. James's Hospital
NUMBER OF WARDS	3
NAMES OF UNITS OR WARDS INSPECTED	William Fownes Conolly Norman Beckett
TOTAL NUMBER OF BEDS	51
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	4 May 2011

OVERVIEW

In 2011, the Inspectorate inspected this Approved Centre against all of the Mental Health Act 2001 (Approved Centres) Regulations 2006, the Rules and Codes of Practice.

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. In addition to the core inspection process, information was gathered from service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

Jonathan Swift Unit was a 51-bed unit located in St. James's Hospital in the heart of Dublin City and comprised a 26-bed acute admissions ward, a 16-bed step down ward and a nine-bed psychiatry of old age ward. On the day of inspection there were 42 residents on the unit, ten of whom were detained under the Mental Health Act 2001. Beckett ward opened onto an attractive enclosed garden. Of concern to the Inspectorate was the level of staffing on night duty in the approved centre: the CNM1 was rostered to the acute admissions ward (William Fownes), but also had clinical and managerial responsibility for the approved centre at night; in addition, Beckett ward had one registered psychiatric nurse as the sole staff member on duty. It was reported that on some nights up to six people could be assessed in the hospital's Emergency Department by the duty psychiatric registrar and admitted to William Fownes ward.

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

COMPLIANCE RATING	2009	2010	2011
Fully Compliant	16	19	25
Substantial Compliance	11	9	2
Minimal Compliance	1	0	0
Not Compliant	2	1	2
Not Applicable	1	2	2

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	24	General Adult
Conolly Norman	9	7	Psychiatry of Old Age
Beckett	16	11	General Adult

QUALITY INITIATIVES

- Wellness Recovery Action Plan (WRAP) group had commenced in the approved centre and there was also a clinical psychology-led support group in the admission unit.
- A project was undertaken in 2010 to review antipsychotic polypharmacy in the clozapine clinic. The project was presented at the Saint James's Hospital Multidisciplinary Conference in May 2011 and at the 2011 Hospital Pharmacy Association of Ireland.

PROGRESS ON RECOMMENDATIONS IN THE 2010 APPROVED CENTRE REPORT

1. Section 60 Mental Health Act 2001 must be complied with.

Outcome: This had been achieved.

2. The ECT Register must be maintained as required in both the Rules and Codes of Practice relating to ECT.

Outcome: This had been achieved.

3. Each resident's general health needs must be assessed every six months and recorded accordingly.

Outcome: This had been achieved.

4. Appropriate arrangements must be made in Beckett Ward to ensure that each resident is readily identifiable by staff when receiving medication, health care or other services.

Outcome: There had been no change.

5. All residents must have an individual care plan as required by the Regulations.

Outcome: This had been achieved.

6. All therapeutic services and programmes must be based on assessed individual need and recorded in the individual care plan.

Outcome: This had been achieved.

7. Risk assessment and management plans should be clearly specified in each individual clinical file.

Outcome: This had been achieved.

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

Justification for this rating:

One registered nurse was on duty in Beckett ward and was the sole administrator of medicine at day time and at night time. Wrist bands were worn by most residents. All residents were encouraged to wear these. These were checked each Saturday. The wrist bands were examined by the Inspectorate and were flimsy and staff reported that they often fell off or were removed by residents. With only one registered nurse administering medication and in light of the fact that a resident might not be wearing a wrist band and with the none use of photographic identification on individual prescription sheets, each resident was not readily identifiable by staff when receiving medication, health care or other services.

The approved centre had a written policy on one registered nurse administering medicine.

Breach: 4

Article 5: Food and Nutrition

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

Justification for this rating:

All residents had access to supplies of fresh drinking water. Porridge, cereals, toast, bread and fruit juices were available to residents for breakfast. Fruit was also available. The food was of the cook chill variety. There was an excellent choice of main meal, including fish, meat and vegetarian. One resident who requested to speak to the Inspectorate stated that the quality and choice of food was excellent. Special dietary requirements were catered for.

Article 6 (1-2): Food Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 food safety report was inspected and appeared satisfactory.

Article 7: Clothing

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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:

If any resident did not have an adequate supply of clothing this was catered for by the approved centre. No resident was wearing night clothes on the day of inspection.

Article 8: Residents' Personal Property and Possessions

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 relating to residents' personal property and possessions. Any record relating to a resident's personal property was maintained separately from the resident's individual care plan and a copy was given to the patient. Each resident retained control of his or her personal property and possessions. Provision was made for the safe keeping of personal property and possessions.

Article 9: Recreational Activities

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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:

A cinema room was available to residents on William Fownes ward; it had a DVD player and a ceiling projector onto a white screen. There were board games available to residents and these were examined to ensure that they were complete and intact. Nursing staff routinely accompanied residents downstairs to the garden each morning for fresh air. Those residents well enough to leave the ward unaccompanied could avail of this garden. There was a piano and a library on Beckett ward which was available to all residents of the approved centre. All wards had TV rooms.

Article 10: Religion

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 were facilitated, insofar as was reasonably practicable, in the practice of their religion. The service had a list of names, addresses and contact details of a wide variety of religious representatives.

Article 11 (1-6): Visits

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

Justification for this rating:

Visiting time on the unit was from 1400h to 1630h and from 1830h to 2030h. It was reported that visiting times were flexible to meet the needs of residents' visitors. Children could visit if accompanied by a responsible adult. A number of rooms could be made available on the unit to facilitate visits. The approved centre had a written operational policy and procedures for visits.

Article 12 (1-4): Communication

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

Justification for this rating:

Each resident was free to communicate at all times, having due regard to his or her wellbeing, safety and health. Each resident was free to send and receive mail. Mobile phones could be used by residents. The approved centre had written operational policies and procedures on communication.

Article 13: Searches

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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:

It was reported that a search for an illicit substance had been carried out recently with the permission of a resident. The approved centre had written operational policies and procedures: on the searching of a resident, his or her belongings and the environment in which he or she was accommodated; for carrying out searches with the consent of a resident and carrying out searches in the absence of consent; and in relation to the finding of illicit substances. A minimum of two registered nurses carried out searches at all times. A written record of any search was maintained in the resident's clinical file.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 protocols for the care of residents who are dying. Three single rooms were available in Conolly Norman ward for the care of residents who are dying.

Article 15: Individual Care Plan

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

Justification for this rating:

The Inspectorate examined 15 individual clinical files and all had individual care plans (ICP) as required by the Regulations. The individual care plans were multidisciplinary with input from all disciplines including pharmacy. An initial care plan was written up at admission. A care-coordinator was assigned to each resident and the first step in the subsequent individual care plan was the completion of the patient expectation form. The individual care plan documentation included a log of consultations with the resident during the care planning process. A copy of their own ICP was available to each resident. The ICP recorded in a concise manner the resident's needs, goals, interventions, specifically which staff member would carry out these actions, and the review date and outcome. At the weekly multidisciplinary team review an ICP update was recorded on a small peel-off sheet and pasted into the continuation sheets in the clinical file. The data recorded in the individual care plans was excellent and brief.

Article 16: Therapeutic Services and Programmes

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 a timetable for therapeutic services and programmes. On Mondays a Wellness Group was facilitated by occupational therapy (OT) and nursing. This Wellness Group was followed on in a structured way on Thursdays facilitated by social work and nursing. The Wellness Group was completed on Fridays facilitated by nursing. Psychology facilitated a group on Mondays and Fridays and facilitated a pre-discharge group on Wednesdays. OT facilitated a relaxation group on Mondays and Thursdays, a Directive Group on Tuesdays, Wednesdays and Fridays, a Task Group on Tuesdays, an Art Group on Wednesdays and a Leisure Group on Friday evenings. The peer advocate visited each Thursday as part of the therapeutic programme. These services among individual therapies were in accordance with each resident's individual care plan.

Article 17: Children's Education

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	NOT APPLICABLE	NOT APPLICABLE
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:

One child aged 17 had been admitted this year to the date of inspection. The length of stay was of a short duration and so the education needs of the child were not warranted.

Article 18: Transfer of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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:

Three detained patients had been transferred to another approved centre under section 20 and 21 of the Mental Health Act 2001 on Form 10. These clinical files were available for inspection and two were examined. There was evidence in these clinical files that transfer was clinically appropriate and was in the best interests of the patients. All relevant information about the patients had been provided to the receiving approved centre. The approved centre had a written policy and procedures on the transfer of residents.

Article 19 (1-2): General Health

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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:

Two residents on William Fownes ward and one resident on Conolly Norman ward had been resident for a period longer than six months. There was evidence in the clinical files that a physical examination had been undertaken. There was evidence from the clinical files examined that the general health needs of all residents were assessed regularly. The approved centre had written operational policies and procedures for responding to medical emergencies.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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:

Details of each resident's multidisciplinary team were available on a white board to residents and also documented in a "Welcome to the Jonathan Swift Clinic" leaflet. Visiting times and information relating to personal property were also documented in this leaflet. In addition, the approved centre had a "Patient Information Brochure" which was excellent and detailed information including the Mental Health Act 2001, Individual Care Plan, Roles of your Team Members, Assessment, Supportive Observation, Medication, Communication, Advocacy, Complaints procedure, Discharge and follow up. The pharmacist was available to individual residents on any query with regard to medication and its side effects; these were also available to residents on the computer. Information on various diagnoses were available to residents on line under supervision of nursing staff. The approved centre had written operational policies and procedures for the provision of information to residents.

Article 21: Privacy

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

Justification for this rating:

All beds in rooms with more than one bed had privacy curtains. There was evidence that the privacy needs of all residents were respected on the day of inspection and on the night before, during the night inspection of the approved centre.

Article 22: Premises

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 premises were clean, maintained in good structural order and in good decorative condition. The premises were adequately lit, heated and ventilated. The floor coverings in shower rooms and lavatories had been replaced. The condition of the physical structure and the overall environment of the approved centre was developed and maintained with due regard to the specific needs of the residents and the safety and well-being of residents, staff and visitors.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

Article 24 (1-2): Health and Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 Health and Safety Statement was examined by the Inspectorate and appeared satisfactory. The approved centre had written operational policies and procedures relating to the health and safety of residents, staff and visitors.

Article 25: Use of Closed Circuit Television (CCTV)

The approved centre did not use CCTV. There was a statement to this effect.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
William Fownes	CNM3	1	0
	CNM2	1	0
	CNM1	0	1
	Staff Nurse	4	2
Beckett	CNM1 or	1	0
	Staff Nurse		1
Conolly Norman	CNM2	1	0
	Staff Nurse	2	1
	Care Assistant	1	1

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 Inspectorate undertook an unannounced night inspection of the approved centre on the night before this inspection. On night duty the staff cover for the approved centre was as follows: one CNM1 and two registered psychiatric nurses on William Fownes ward; one registered psychiatric nurse and one care assistant on Conolly Norman ward; and one registered psychiatric nurse on Beckett ward. The CNM1 rostered to William Fownes ward also had responsibility for the approved centre at night time. There was no appropriately qualified night CNM3 or night Assistant Director of Nursing (ADON) in charge of the approved centre at night. The numbers of staff were not appropriate to the assessed needs of residents.

It was determined by the Inspectorate that some staff were not fully aware of the provision of the Act, Rules and Codes of Practice as the documentation for physical restraint on a number of occasions had not been entered in the Physical Restraint Clinical Practice Form book but had been incorrectly entered in the Register for Mechanical Restraint.

HSE policies and procedures relating to recruitment, selection and vetting of staff applied and these policies and procedures were in place.

There was evidence that staff had access to education and training. The training register was examined and was satisfactory.

Copies of the Mental Health Act 2001, Regulations, Rules and Codes of practice were available to staff on the unit.

Breach: 26 (2), (3), (5)

Article 27: Maintenance of Records

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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:

The individual clinical files in William Fownes ward were in poor order and not adequately maintained. Clinical files were designed with a pocket at the back of the file. Several clinical files inspected had large amounts of clinical data placed loosely in the pocket. One file had a large amount of notes one inch thick. Loose pages were observed to be falling out of files as multidisciplinary clinical staff recorded notes in the files. Despite having originally had dividers in the clinical file for different sets of data, these had largely become defunct and in several instances there did not appear to be any chronological or thematic order to the individual clinical file. It was tedious to retrieve information from individual clinical files. The format and order of the clinical files posed the risk of valuable data being overlooked or mislaid.

The Physical Restraint Clinical Practice Form Book was not readily to hand and when located it transpired that episodes of physical restraint had been variously entered in this book and in the Mechanical Restraint Register. Several entries were not signed off as required.

The individual clinical files in Beckett ward and in Conolly Norman ward were in good order and evidently maintained.

The approved centre had written policies and procedures relating to the creation of, access to, retention of and destruction of records. All documentation of inspections relating to food safety, health and safety and fire were maintained in the approved centre and were examined by the Inspectorate.

Breach: 27 (1)

Article 28: Register of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 complied with Schedule 1 of the Regulations.

Article 29: Operating policies and procedures

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

Justification for this rating:

All written operational policies and procedures of the approved centre were reviewed within a three year period.

Article 30: Mental Health Tribunals

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 cooperated fully with Mental Health Tribunals. Appropriate assistance was provided by staff to a patient subject to a Mental Health Tribunal.

Article 31: Complaint Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 relating to the making, handling and investigation of complaints from any person about any aspect of the service, care and treatment provided. The complaints procedure was outlined in the "Patient Information Brochure" and was displayed in prominent areas of the approved centre. The CNM3 was the nominated person available in the approved centre to deal with all complaints initially. All complaints were forwarded to the Complaints Officer in St. James's Hospital in accordance with policy and procedures. It was reported that no written complaint had been received by the approved centre.

Article 32: Risk Management Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 a comprehensive written risk management policy in place. The risk management policy was compliant with the requirements of this Article of the Regulations. A record of all incidents was forwarded to the Mental Health Commission.

Article 33: Insurance

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 was covered by the State Indemnity scheme of insurance.

Article 34: Certificate of Registration

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 to the approved centre.

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

SECLUSION

Use: Seclusion was not used in the approved centre.

ECT FOR (DETAINED PATIENTS)

Use: The approved centre did not administer electroconvulsive therapy (ECT) and patients attended St. Patrick's Hospital for this treatment. Two detained patients had been in receipt of a course of ECT in 2011 up to the time of inspection. No resident was in receipt of ECT at the time of inspection. The register for ECT and information pack for ECT was retained in Jonathan Swift Clinic.

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	NOT APPLICABLE			
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 detained patient now discharged but who had been in receipt of ECT was inspected and Form 16 second opinion, assessment and the provision of information were all in order. The ECT Register was inspected and in order.

MECHANICAL RESTRAINT

Use: Mechanical restraint was not used in the approved centre.

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

PHYSICAL RESTRAINT

Use: Physical restraint had not been used in Beckett ward in 2011 up to the time of inspection. A single Physical Restraint Clinical Practice Form Book was used to record episodes of physical restraint on both William Fownes and Conolly Norman wards and four instances of physical restraint had been entered, however, seven instances of physical restraint had been entered in error in the Mechanical Restraint Register.

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 Physical Restraint Clinical Practice Form Book was inspected and none of the four orders had been signed by either the treating consultant psychiatrist or the duty consultant psychiatrist and in two instances a copy had not been placed in the individual clinical file. The individual clinical files of two current residents who had been restrained were inspected. Orders for physical restraint had also erroneously been filled out in the Mechanical Restraint Register and signed by both nursing and medical staff. All staff were not cognisant of the procedure for ordering and recording episodes of physical restraint.

The individual clinical files recorded the episodes of physical restraint. One resident did not have the cognitive capacity to discuss the episode with staff following restraint and next of kin were informed. The other resident had the opportunity to discuss the episode with the multidisciplinary team and this was recorded in the clinical file. Staff had received training in the therapeutic management and prevention of violence.

Breach: 5.7, 8.2, 8.3, 9.2(b), 10.1

ADMISSION OF CHILDREN

Description: There had been one child admission to the approved centre in 2011 up to the time of inspection. No child was resident on the day of inspection.

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

Justification for this rating:

The individual clinical file of the child who had been admitted for one week and was now discharged was inspected. Consent to treatment had been provided by the parents, there was an individual care plan and discharge planning in place.

The approved centre was not suitable for the admission of children.

Breach: 2.5

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: Two deaths had been reported in 2011 to the date 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:

The approved centre reported deaths and reported a summary of all incidents to the Mental Health Commission.

ECT FOR VOLUNTARY PATIENTS

Use: Electroconvulsive therapy (ECT) was not administered in the approved centre. Any resident requiring this treatment attended St. Patrick's University Hospital. No voluntary resident had received ECT treatment in 2011 up to the time of 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:

The approved centre had policies and protocols in relation to admission, discharge and transfer. The Inspectorate examined 15 individual clinical files and evidenced clear clinical pathways. The approved centre had developed its own admission form, discharge form and risk assessment form.

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:

There were two admissions on the day of inspection, one to Conolly Norman and one to William Fownes wards. The individual clinical files were inspected and contained an admission checklist and protocol, assessment, including risk assessment, information from referring agency, and an initial individual care plan. A primary nurse and care co-ordinator system were in place. One recent admission had not been fluent in English and a translator had been provided at the time of admission.

The clinical files in the admission ward examined on the day of inspection were not maintained in a manner so as to ensure completeness, accuracy and ease of retrieval of information. Not all clinical files examined were in good order with many having essential letters, test results and correspondence stuffed into the front of the notes in a random manner.

Breach: 22.7

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:

No resident was transferred to another treatment centre on the day of inspection. Three detained individuals had been transferred to St. Brendan's Hospital under section 20 and 21 of the Mental Health Act 2001 on Form 10 in 2011 up to the time of inspection. Two of these clinical files were inspected and there was evidence that transfer was clinically appropriate and was in the best interests of the patients. The approved centre had a policy and protocol on transfers and residents were accompanied by two staff and the relevant clinical information was transferred also.

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:

Two residents were discharged from Becket ward on the day of inspection and one of these individual clinical files was inspected. In addition, several other clinical files of residents previously discharged from this approved centre were inspected across all three wards. The individual clinical files showed that discharge planning was multidisciplinary, involved the family where appropriate, was initiated early on in the episode of hospitalisation; there was liaison with primary care and other healthcare agencies. The approved centre had a discharge checklist and protocol.

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

Description: No resident had an intellectual disability and a mental illness at the time of inspection.

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:

<p>The approved centre did not have a policy in place in relation to the care and management of such an individual and staff had not been trained in the area.</p>
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2.5 EVIDENCE OF COMPLIANCE WITH SECTIONS 60/61 MENTAL HEALTH ACT (MEDICATION)

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: One patient in Conolly Norman ward had been detained for three months or more.

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

Justification for this rating:

In the absence of the patient's consent to the continued administration of medication a Form 17 had been completed by the treating consultant psychiatrist and another consultant psychiatrist.

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

Description: No child had been detained in the approved centre in 2011 up to the time of inspection.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

One resident requested to speak with the Inspectorate. Overall, this resident was happy with their care and treatment.

OVERALL CONCLUSIONS

The approved centre was a busy unit in St. James's Hospital in the centre of Dublin City. It was pleasing to see that all residents had an individual care plan as defined in the Regulations and that all individual therapies were in accordance with these. The quality of information to be found in the "Patient Information Brochure" was particularly excellent. The Inspectorate was not satisfied with the levels of staffing in the approved centre at night. This had been seen and experienced firsthand by the Inspectorate during the unannounced night inspection of the approved centre the previous night to this inspection.

RECOMMENDATIONS 2011

1. An immediate review of staffing levels on night duty should be undertaken by the approved centre.
2. The approved centre should have a policy on the management of persons with intellectual disability and a mental illness. Staff should be trained in this regard.
3. The individual clinical files on William Fownes ward should be maintained in good order.
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.