

Report of the Inspector of Mental Health Services 2009

MENTAL HEALTH SERVICE	HSE Dublin Mid Leinster
APPROVED CENTRE	Jonathan Swift Clinic, St. James's Hospital
CATCHMENT AREA	Dublin South City
NUMBER OF WARDS	3
NAMES OF UNITS OR WARDS INSPECTED	William Fownes Ward Conolly Norman Ward Beckett Ward
TOTAL NUMBER OF BEDS	51
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Announced
DATE OF INSPECTION	16 April 2009

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

DESCRIPTION

Jonathan Swift Clinic was located in St. James’s Hospital. It was a 50-bed unit with an acute ward, a continuing care ward and psychiatry of later life ward. There was also a day hospital located in the unit. The absence of a rehabilitation team and suitable community accommodation has resulted in a number of residents who have remaining in hospital for more than six months. This was despite the strenuous efforts of the general adult teams to relocate these residents.

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
William Fownes (acute unit)	26	26	General Adult
Beckett (continuing care)	16	16	General adult
Conolly Norman	9	9	Psychiatry of later life

QUALITY INITIATIVES

- The nursing care plan was up to date and comprehensive.

PROGRESS ON RECOMMENDATIONS IN THE 2008 APPROVED CENTRE REPORT

1. There should be more multidisciplinary involvement in the operation of care planning and service users should be part of the care planning process.

Outcome: This had not been achieved. Full multidisciplinary involvement in care planning had not taken place. Service users were not given a copy of their care plan and did not sign care plans.

2. Disciplines should use the integrated files exclusively to record interventions and progress.

Outcome: This had not been achieved. While there had been integrated files not all disciplines recorded interventions in the file.

3. The day hospital should move to a more suitable location.

Outcome: This had not been achieved.

4. The approved centre must provide adequate information to residents and should involve service users more in the process of developing appropriate information.

Outcome: There were plans to provide an information pack to residents, developed with the Irish Advocacy Network.

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

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

Article 4: Identification of Residents

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

Justification for this rating:

Identity bracelets were available but residents did not always wear them. Only one nurse gave out medication in Beckett Ward.

Breach: Article 4

Article 5: Food and Nutrition

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

Justification for this rating:

Water fountains were accessible to patients on both floors. The kitchen was Hazard Analysis Critical Control Points (HACCP) compliant.

There was a written policy and procedures on food and nutrition. Specific dietary requirements could be met.

Article 6 (1-2) Food Safety

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

Justification for this rating:

Food safety reports were not provided by the service.

Breach: Article 6 (1)

Article 7: Clothing

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

Justification for this rating:

Residents kept their own clothes unless it was otherwise indicated in their care plan. There were written policy and procedures on use of night clothes.

Article 8: Residents' Personal Property and Possessions

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

Justification for this rating:

There was a written policy and procedure relating to property and possessions. A separate record is kept of personal property. Valuables were kept in ward safes for security and safekeeping.

Article 9: Recreational Activities

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

Justification for this rating:

In Beckett Ward there were a number of recreational activities available, including table tennis and gardening. Fownes Ward had a TV room and smoking room. However, staff identified deficits in games and after-hours recreational provision.

Breach: Article 9

Article 10: Religion

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

Justification for this rating:

There was a written policy on facilitation of religious practice. Access to chaplaincy service was provided. Religious needs were assessed in care plans and a system was in place for accessing multi-denominational services.

Article 11 (1-6): Visits

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

Justification for this rating:

There was a written policy on visiting arrangements. A flexible approach was taken to visiting hours. A room was provided for children visiting and where possible, visiting took place outside of the acute unit. Staff identified lack of space on the wards as the barrier to providing an optimum service.

Article 12 (1-4): Communication

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

Justification for this rating:

There was a written policy on communications. Patients had access to mail, fax, email and internet as requested. There were rules on the use of mobile phones.

Article 13: Searches

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

Justification for this rating:

There was a written policy on searches with and without consent.

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

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

Justification for this rating:

There was a written policy incorporating care of the dying, religious needs, next of kin and dignity.

Article 15: Individual Care Plan

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

Justification for this rating:

In both Beckett Ward and Conolly Norman Ward care plans were in operation and were up to date. The occupational therapist recorded notes in the integrated file. The patient did not receive a copy of the plan and did not sign the care plan.

However, in Fownes Ward the care plan documentation was deficient. One care plan had little information and had not been signed. The multi-disciplinary team members attending the meetings were not identified. There was little evidence of multidisciplinary involvement. Signatures were not accompanied by professional designation.

Staff had audited the completion of multi-disciplinary care plans and found deterioration between 2008 and 2009.

Breach: Article 15

Article 16: Therapeutic Services and Programmes

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

Justification for this rating:

In Conolly Norman Ward and Beckett Ward, each resident was assessed prior to attending occupational therapy. Needs were documented in the care plan. Progress was recorded in the file.

In Fownes Ward, a shortage of occupational therapy staff meant full compliance was not possible.

Breach: Article 16

Article 17: Children's Education

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

Justification for this rating:

Children were facilitated in attending school or training. There were no on-site educational resources.

Article 18: Transfer of Residents

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

Justification for this rating:

A policy on both internal and external transfers was in place. Relevant information was transferred with patients. Copies of all statutory forms were transferred with the patients.

Article 19 (1-2): General Health

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

Justification for this rating:

In Conolly Norman Ward and Beckett Ward all residents in hospital over for more than six months had a general medical examination.

A system of referrals to general hospital was in place and access to national screening programmes was offered, but on Fownes Ward one file examined had no evidence of six-monthly general health checks.

Breach: Article 19 (1)(b)

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

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

Justification for this rating:

Information policy should be amended to reflect the necessity to provide information unless there were clear reasons why this should not be done.

Provision of such information should be documented in the files.

Breach: Article 20 (1)(c)

Article 21: Privacy

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

Justification for this rating:

A written policy was in place. The design and furnishings on Fownes Ward provided privacy to residents.

Article 22: Premises

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

Justification for this rating:

This was a modern, bright, purpose-built in-patient unit. There was a maintenance budget and maintenance requests were attended to promptly. A written policy was in place. One resident complained about a shower room. This was examined and a faulty bulb and peeling paint on the ceiling were noted.

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

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

Justification for this rating:

A clinical pharmacy service was in place. A pharmacy technician was assigned to the unit and checked charts regularly. A medication safety event reporting system and review existed.

A written policy was in place, but was out of date.

Breach: Article 23 (1)

Article 24 (1-2): Health and Safety

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

Justification for this rating:

A health and safety statement was in place. The health and safety committee met quarterly and there were yearly audits.

A written policy is was in place, but out of date.

Breach: Article 24 (1)

Article 25: Use of Closed Circuit Television (CCTV)

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

Justification for this rating:

CCTV was not used. A statement had been made to this effect.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Beckett	Care assistant	0	0
	Nurse	1	1
Fownes	Care assistant	0	0
	Nurse	10	5
Conolly-Norman	Care assistant	1.5	2
	Nurse	5.5	2.5

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

Justification for this rating:

There had been regular occasions when Beckett Ward did not have any nurse on the ward. This had since been rectified by the service and there was now a nurse on the ward at all times. Only one nurse gave out medication on this ward. There were no care assistants on the ward. An occupational therapist provided three sessions a week.

Article 27: Maintenance of Records

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

Justification for this rating:

Records management policies were in place and the service operated on a single chart per patient system between community and acute activity. A system of sequential entries in the charts was in operation. However, this did not always work well. In the charts examined there was little evidence of multi-disciplinary involvement. It was not clear from the notes that all members of the multidisciplinary team communicated clearly with each other. The professional designation of those making entries was not clear.

Although files were generally well maintained in Fownes Ward and a ward clerk helped in this regard, one file examined was bulky, with pages falling out. Particular entries and forms were hard to find.

In one file on Fownes ward Ward, the admission order had not been dated and timed.

Inspections relating to food safety, health and safety and fire were maintained by the general hospital. These inspections were managed and maintained centrally in accordance with hospital policy. These were not provided by the service

Breach: Article 27 (1)

Article 28: Register of Residents

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

Justification for this rating:

The register did not include PPS numbers. Staff reported that in some cases these were not available.

Breach: Article 28 (1)

Article 29: Operating policies and procedures

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

Justification for this rating:

While the policies for the approved centre were up to date, a number of policies originating in the general hospital were out of date.

Breach: Article 29

Article 30: Mental Health Tribunals

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

Justification for this rating:

The service was in full cooperation with mental health tribunals. Patients were assisted as necessary.

Article 31: Complaint Procedures

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

Justification for this rating:

A written policy was in operation. Patients not satisfied that their complaint was being dealt with could also avail of the St. James's Hospital complaints system.

Article 32: Risk Management Procedures

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

Justification for this rating:

Risk management system was in place. The risk management policy was out of date and did not include a section on self-harm and suicide.

Breach: Article 32 (2)(c)(ii)

Article 33: Insurance

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

Justification for this rating:

The service failed to provide a certificate of insurance.

Breach: Article 33

Article 34: Certificate of Registration

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

Justification for this rating:

The approved centre certificate of registration was prominently displayed.

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

SECLUSION

Seclusion was not used and a statement was provided to this effect.

ECT (DETAINED PATIENTS)

Use: ECT was provided in St. Patrick's Hospital.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
2	Consent	X			
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:

ECT was provided in St. Patrick's Hospital. The ECT register was signed and up to date. However, on Fownes Ward there was a failure to complete Form 13 allowing the detention of a voluntary patient prior to the changing status for the purposes of administering ECT.

MECHANICAL RESTRAINT

Mechanical restraint was not used and a statement was provided to this effect. This included Part 5.

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

PHYSICAL RESTRAINT

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

Justification for this rating:

There was a policy on physical restraint. Clinical practice forms had been completed and documented in the clinical file. Staff had been trained in control and restraint.

ADMISSION OF CHILDREN

Use: Two children had been admitted.

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

Justification for this rating:

Two files relating to admission of children were examined and found to be compliant.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

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

Justification for this rating:

Comprehensive details of incidents were provided with evidence of regular reviews and auditing.

ECT FOR VOLUNTARY PATIENTS

Use: No resident was receiving ECT.

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

Justification for this rating:

The ECT register was up to date. A file examined was properly completed with regard to ECT.

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

SECTION 60 – ADMINISTRATION OF MEDICINE

No resident in the approved centre was receiving medication under Section 60/61 on the day of inspection, so Section 60 did not apply.

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

Description: No child to which this Section applied was resident.

SECTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
Section 61 (a)	X			
Section 61 (b)	X			

Justification for this rating:

Section 61 did not apply to one child recently admitted under Section 25.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

The Inspectorate met a number of service users individually and as a group. The service users praised nursing staff for their support and kindness. There were a number of complaints about the conditions in the bathrooms and toilets. Service users were unaware of their care plans and were unaware of the identity of their key nurse. They also requested more information about procedures on admission and more information about diagnosis and medication.

OVERALL CONCLUSIONS

There had been some attempt to provide care plans for residents but more input from multidisciplinary staff and from the residents was required. This was borne out by the fact that residents stated that they were unaware of their care plans. A number of residents on Beckett Ward had been there for a considerable period of time, in one instance for several years, due to lack of appropriate community accommodation. This was wasteful of in-patient resources and unfair for residents. There was an urgent need for a rehabilitation team to facilitate care of those in need of rehabilitation and movement to community facilities.

RECOMMENDATIONS 2009

1. Care plans need to be brought to the standard of Article 15 of the Regulations. In particular, service users must be aware of, sign for and receive a copy of their care plan. Multidisciplinary team members should contribute to care plans.
2. Multidisciplinary team members should make entries in the clinical files.
3. All documentation should be signed with appropriate professional designation.
4. Appropriate accommodation should be provided for those needing continuing care.