

## Report of the Inspector of Mental Health Services 2009

<b>MENTAL HEALTH SERVICE</b>	HSE South
<b>APPROVED CENTRE</b>	St. Luke's Hospital, Clonmel
<b>CATCHMENT AREA</b>	South Tipperary
<b>NUMBER OF WARDS</b>	5
<b>NAMES OF UNITS OR WARDS INSPECTED</b>	St. Bridget's Ward St Mary's Ward St. Paul's Ward St. Theresa's Ward St. John's Ward
<b>TOTAL NUMBER OF BEDS</b>	102
<b>CONDITIONS ATTACHED TO REGISTRATION</b>	Yes
<b>TYPE OF INSPECTION</b>	Announced
<b>DATE OF INSPECTION</b>	6 and 7 July 2009

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

**DESCRIPTION**

St. Luke's Hospital was a large Victorian psychiatric hospital on an elevated site in Clonmel. It had five remaining wards: two wards for elderly residents (St. Mary's Ward and St. Paul's Ward), one rehabilitation ward (St. Theresa's Ward), one locked continuing care ward (St. John's Ward) and one ward for people with intellectual disability (St. Bridget's Ward). These wards were located at different sites around the campus. Conditions in the hospital, while clean, were old-fashioned and unsuitable for a modern mental health service.

An Inquiry under Section 55 of the Mental Health Act 2001 into the care and treatment of residents in St. Luke's Hospital had been completed and published.

Conditions were imposed on the registration of the approved centre on 14 May 2009. Under these conditions, full compliance must be obtained by St. Luke's Hospital under the Regulations for Approved Centres in relation to individual care plans, therapeutic services and programmes, transfer of residents, provision of information to residents, premises and staffing and risk management procedures.

Compliance must also be obtained by St. Luke's Hospital in the Rules Governing the Use of Seclusion and Mechanical Means of Bodily Restraint in staff training and in orders for the Use of Mechanical Means of Bodily Restraint for Enduring Self Harm. Full compliance must also be obtained under Section 3 of the Code of Practice for Mental Health services on Notification of Deaths and Incident Reporting. These conditions were in place at the time of inspection.

**DETAILS OF WARDS IN THE APPROVED CENTRE**

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
St. John's	17	15	Rehabilitation
St. Bridget's	19	18	General adult
St. Mary's	22	21	Psychiatry of later life
St. Paul's	22	16	Rehabilitation
St. Theresa's	22	18	Rehabilitation

**QUALITY INITIATIVES**

- In St. Mary's Ward, there was excellent information provided to the residents and a local policy on the dissemination of information for this ward.
- There was a fortnightly rehabilitation and recovery meeting as part of the coordination and development of rehabilitation and recovery services. Particular emphasis was on rehabilitation of residents in St Luke's Hospital as part of the closure plan.
- The number of residents in St. John's Ward continued to decrease due to discharges through the rehabilitation service. There had been one admission to St John's Ward in March 2009.
- Additional occupational therapy and clinical psychology sessions were provided on all the wards.
- St. Theresa' Ward had developed information and personalised packs for each resident. In addition all residents had a facility to lock personal items.

- St Bridget's Ward had introduced an individualised activities sheet for all residents, which was updated and reviewed weekly.

### **PROGRESS ON RECOMMENDATIONS IN THE 2008 APPROVED CENTRE REPORT**

*1. Lines of accountability must be put in place to ensure that all residents are reviewed by their clinical team in a timely manner.*

**Outcome:** All residents had regular psychiatric and physical reviews.

*2. Transfers between the two different approved centres (St. Michael's Unit and St. Luke's Hospital) for the purpose of providing more admission beds (also known as "sleeping out") were not acceptable practice.*

**Outcome:** This practice had now ceased.

*3. Residents must have access to a regular peer advocacy service*

**Outcome:** Residents on St Bridget's Ward did not have access to an advocacy service.

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

**Justification for this rating:**

All residents had photo identification and two nurses checked medications being administered to residents.

**Article 5: Food and Nutrition**

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

**Justification for this rating:**

In all wards fresh drinking water was available and there was a meal menu.

**Article 6 (1-2) Food Safety**

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

**Justification for this rating:**

A recent food safety report was made available. The recommendations were being followed by the hospital manager.

**Article 7: Clothing**

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

**Justification for this rating:**

All residents had individualised clothing. No resident was in night clothes during the inspection.

**Article 8: Residents' Personal Property and Possessions**

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

**Justification for this rating:**

All residents wore their own clothes and had a wardrobe next to their bed. Some residents had their own keys to their wardrobes and room.

**Article 9: Recreational Activities**

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

**Justification for this rating:**

A range of recreational activities were available to the residents including art therapy, swimming and ward-based activities.

**Article 10: Religion**

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

**Justification for this rating:**

The service was compliant.

**Article 11 (1-6): Visits**

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

**Justification for this rating:**

There was a policy and procedure in place. All visitors were welcomed and accommodated.

**Article 12 (1-4): Communication**

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

**Justification for this rating:**

There was a current policy and procedure in place. Residents had access to mail service and ward telephones as needed.

**Article 13: Searches**

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

**Justification for this rating:**

There was a policy and procedure in place. No searches had been conducted on the wards.

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

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

**Justification for this rating:**

The service had a procedure in place. Where possible a single room was made available. There was access to religious supports as required.

**Article 15: Individual Care Plan**

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

**Justification for this rating:**

The service had developed a system for individual care planning. This had been extended to all the wards since the last inspection. Staff had received training in its use. It was not clear in all the care plans how the nursing assessment had been completed.

In St John's Ward and St. Mary's Ward, all individual care plans were completed. Where possible the resident had signed and been offered a copy of their care plan. In St. Bridget's Ward, each resident had a care plan. Review meetings had not yet taken place. Each resident also had an assessment folder, which contained typed assessments from the disciplines. These folders were in use by the relocation team.

On St. Theresa's Ward, two residents did not have an up to date individual care plan. They had been admitted to the ward in the previous week. The care plan had not been updated to reflect the change in care location and purpose. On St. Paul's Ward, the new system had been phased in during February 2009. All reviews had not yet taken place.

The service had a well-developed system and there were two staff with lead responsibility for the pilot project and the roll-out of the system.

**Breach:** Article 15

**Article 16: Therapeutic Services and Programmes**

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

**Justification for this rating:**

The service had allocated additional resources for occupational therapy and clinical psychology input into all the wards. This was a significant development since the last inspection. Staff reported that this had had a positive effect for residents. There were structured programmes and individual work provided consistently.

In St. John's Ward and St. Mary's Ward, there were therapeutic activities available and these were linked to care plans.

Additional equipment and occupational therapy sessions had been provided in St. Bridget's Ward. There was regular input from medical staff. All residents had access to additional medical services as required by referral to the general hospital.

**Article 17: Children's Education**

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Children were not admitted to the approved centre.

**Article 18: Transfer of Residents**

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

**Justification for this rating:**

There had been no transfers of residents since the last inspection. All transfers to general services were accompanied by a nurse with the appropriate case notes and a copy of the medication card index. A written operational policy on the transfer of residents was in place.

**Article 19 (1-2): General Health**

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

**Justification for this rating:**

All six-monthly physical reviews were completed In all wards.

There was a procedure in place to access additional general medical services. There was an emergency call system in place.

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

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

**Justification for this rating:**

On St. Theresa's Ward, each resident had a personalised information pack. Diagnosis was discussed individually with the residents.

Each ward provided a written information pack. Details of the Irish Advocacy Network were visible on each ward. Literature was provided to all residents on their medication and side effects.

There was a policy and procedure in place.

**Article 21: Privacy**

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

**Justification for this rating:**

The service was compliant with this Article on the day of inspection.

**Article 22: Premises**

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

**Justification for this rating:**

St. John's Ward was dreary and lacking in meaningful stimulation. The corridors were narrow and dark. A risk review of ligature points on St John's Ward had been undertaken. A ligature point in the shower room in St. John's Ward had been identified.

St. Mary's Ward was bright and cheerful but the structure of the building was old and unsuitable for a later life service.

St. Bridget's Ward had been redecorated and painted since the last inspection. Additional equipment and furniture had been put in place. The medium-term plan was to relocate the residents to the community. The building although now bright and clean was unsuitable for the residents.

The showers in St. Theresa's Ward had been refitted.

St. Paul's Ward was bright and homely. A garden area had been completed since the last Inspectorate visit.

A capital plan for the closure of the hospital had been agreed with the HSE. In the interim, an ongoing maintenance plan had been put in place.

**Breach:** Article 22 (3)

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

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

**Justification for this rating:**

The approved centre was compliant with this Article on the day of inspection. An operational policy was available to the Inspectorate and was up to date.

**Article 24 (1-2): Health and Safety**

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

**Justification for this rating:**

The service had an operational policy in place that was up to date.

**Article 25: Use of Closed Circuit Television (CCTV)**

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

**Justification for this rating:**

The approved centre complied with this Article. An up-to-date policy on CCTV was available to the Inspectorate on the day of inspection. Signs stating CCTV was used were clearly visible in all areas. The CCTV did not record and was used only in the corridor areas.

**Article 26: Staffing**

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
St. John's Ward	Nursing Household	5 RPN incl. 1 CNM 2 over 7 days	2 RPN 0
St. Bridget's Ward	Nursing Household	5 RPN incl. 1 CNM 2.5 over 7 days	2 RPN 0
St. Mary's Ward	Nursing Household	5 RPN incl. 1 CNM 2 over 7 days	2 RPN 0
St. Paul's Ward	Nursing Household	5 RPN incl. 1 CNM 2 over 7 days	2 RPN 0
St. Theresa's Ward	Nursing Household	5 RPN incl. 1 CNM 2 over 7 days	2 RPN 0

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

**Justification for this rating:**

Though the number of health and social care professional sessions had improved, the posts were split across teams and wards and fell short of the numbers outlined in national mental health policy.

**Breach:** Article 26 (2)

**Article 27: Maintenance of Records**

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

**Justification for this rating:**

The service followed the HSE policy on retention of records. All records were in place and filed in a locked cabinet.

Documentation on food safety and health and safety were in place. It was reported that the fire officer would be conducting an inspection in August 2009. A copy of the report was due to be sent to the Inspectorate team in September 2009.

**Article 28: Register of Residents**

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

**Justification for this rating:**

There was an up-to-date register available on the day of inspection.

**Article 29: Operating Policies and Procedures**

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

**Justification for this rating:**

The approved centre had operational policies that were up to date and available to all wards.

**Article 30: Mental Health Tribunals**

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

**Justification for this rating:**

The approved centre was compliant with this Article on the day of inspection.

**Article 31: Complaint Procedures**

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

**Justification for this rating:**

The HSE policy applied. The complaints log was reviewed and a small number of entries were still in process and being reviewed by the Local Health Manager.

**Article 32: Risk Management Procedures**

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

**Justification for this rating:**

A risk management policy had been implemented since the last inspection with appropriate reviews of any incidents.

**Article 33: Insurance**

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

**Justification for this rating:**

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

**Article 34: Certificate of Registration**

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

**Justification for this rating:**

The certificate was framed and on display in the main hall.

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

**SECLUSION**

**Use:** Seclusion was used in St. John's Ward. There had been 12 seclusion orders on six residents to date in 2009.

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

**Justification for this rating:**

The seclusion register and the clinical files of two St John's Ward residents who had been secluded were examined. The clinical file of one resident showed next of kin had not been informed or the reasons for not doing so documented. New documentation had since addressed this shortcoming. Both residents had an opportunity to discuss the seclusion episodes afterwards. A post-seclusion debriefing tool had been introduced by the service. The seclusion policy was updated yearly.

**Breach:** Section 2.10 (a)

**ECT (DETAINED PATIENTS)**

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ECT was not provided in the approved centre and no residents were receiving ECT in an external hospital on the day of inspection.

**MECHANICAL RESTRAINT**

**Use:** Part 5 was in use in three wards. It was not used otherwise.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
14	Orders	NOT APPLICABLE			
15	Patient dignity and safety	NOT APPLICABLE			
16	Ending mechanical restraint	NOT APPLICABLE			
17	Recording use of mechanical restraint	NOT APPLICABLE			
18	Clinical governance	X			
19	Staff training	X			
20	Child patients	NOT APPLICABLE			
21	Part 5: Use of mechanical means of bodily restraint for enduring self-harming behaviour	X			

**Justification for this rating:**

The service had developed a pink prescription sheet. It was located at the front of the file and was very accessible. It detailed all the requirements of Part 5.

In St. Mary's Ward the use of mechanical restraint for enduring self harm was prescribed in the clinical file. This was also evident in St. Paul's Ward.

The policy on mechanical restraint was updated on a yearly basis.

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

**PHYSICAL RESTRAINT**

**Use:** There were two episodes of physical restraint in 2008 on St. Bridget's Ward but no episodes were recorded to date in 2009. One episode had occurred on St. John's Ward to date in 2009

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:**

The clinical file of one resident who had been physically restrained on St John's Ward was examined. There was no evidence from the clinical file that the next of kin had been informed or the reasons for not doing so documented. It was suggested to the service that a prompt message regarding this should be added to the existing documentation. There was evidence from the clinical file that the resident had been afforded the opportunity to discuss the physical restraint episode at a later time. A post-restraint debriefing tool had been introduced by the service.

Physical restraint had been recorded correctly on St. Bridget's Ward.

The policy on physical restraint was updated on a yearly basis.

**Breach:** Section 2.10 (a)

**ADMISSION OF CHILDREN**

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Children were not admitted to the approved centre.

**NOTIFICATION OF DEATHS AND INCIDENT REPORTING**

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**Description:** All incidents were reported. There was a system in place for review.

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:**

All incidents were reported to the Mental Health Commission. There was a fortnightly of clinical incidents with the clinical risk manager. There was a risk management policy and procedure in place.

**ECT FOR VOLUNTARY PATIENTS**

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ECT was not provided in the approved centre and no residents were receiving ECT in an external hospital on the day of inspection.

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

**SECTION 60 – ADMINISTRATION OF MEDICINE**

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**Description:** This Section was reviewed in one ward only.

SECTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
Section 60 (a)	<b>X</b>			
Section 60 (b)(i)	<b>X</b>			
Section 60 (b)(ii)	<b>X</b>			

**Justification for this rating:**

St Mary's Ward was compliant with Section 60.

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

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

## **SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE**

### **SERVICE USER INTERVIEWS**

A number of service users were spoken to informally during the inspection. All reported satisfaction with the care and treatment been provided.

### **OVERALL CONCLUSIONS**

Progress had been made on compliance across a range of areas. During the inspection it appeared that residents were benefiting from improved access to and intervention from health and social care professionals. The premises and living environments were upgraded. The care planning process had been introduced for each resident.

There was a plan in place to close the hospital and place residents in more appropriate care settings based on needs.

This was the first report in a three part inspection this year. The next inspection was to be unannounced. The Inspectorate team will continue to monitor progress.

### **RECOMMENDATIONS 2009**

1. An advocacy service should be made available to residents on St Bridget's Ward.
2. The care planning process should be developed further and there should be evidence of an assessment completed at each stage.
3. All individual care plans should be reviewed and updated on a regular basis.
4. Documentation on seclusion and physical restraint must be completed in full.
5. The plan to close the hospital and place individuals in appropriate settings based on needs must continue.
6. The skill mix of staff should be reviewed on a regular basis to ensure it meets the needs of the residents.