

## Report of the Inspector of Mental Health Services 2009

<b>MENTAL HEALTH SERVICE</b>	HSE Dublin North East
<b>APPROVED CENTRE</b>	St. Brendan's Hospital
<b>CATCHMENT AREA</b>	North West Dublin
<b>NUMBER OF WARDS</b>	5
<b>NAMES OF UNITS OR WARDS INSPECTED</b>	Unit O Unit 8A Unit 8B Unit 3A Unit 3B
<b>TOTAL NUMBER OF BEDS</b>	82
<b>CONDITIONS ATTACHED TO REGISTRATION</b>	No
<b>TYPE OF INSPECTION</b>	Announced
<b>DATE OF INSPECTION</b>	2 July 2009

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

**DESCRIPTION**

St. Brendan’s Hospital was situated to the north of the river Liffey in Dublin city. It received its first psychiatric patients in 1854, and continued to admit patients to the sections of the hospital that remained open. The hospital currently comprised free-standing buildings surrounded by extensive grounds. In recent years, a number of buildings had been demolished and plans for the construction of a new, smaller hospital on the same grounds had been submitted for planning approval. On the day of inspection, there were 73 residents, of whom 21 were detained.

Unit O was a secure female ward on the ground floor of a nineteenth-century building. The Inspectorate had previously pointed out that this building was unfit for purpose. While the sleeping and dining areas were for the most part bright and cheerful, due to space constraints the environment in the day area was poor and the emphasis was on containment and control of aggression. Many residents were wandering around the unit on the day of inspection, apparently aimlessly. The Inspectorate was informed that residents had just returned from their one hour of occupational therapy activity at the time of the inspection. The atmosphere generated on the unit due to the mix of residents and lack of space, was tense and stressful for both residents and staff. Unit 3A was an admission unit that accommodated male residents with varying conditions. It had undergone renovations in the past year that had improved the layout of the ward, although part of it still awaited decoration. Unit 8B provided mainly continuing care for residents. Unit 3B was an assessment unit for male residents and had undergone some improvements. Unit 8A provided a regional service for high risk males exhibiting difficult-to-manage behaviours during episodes of acute illness and consisted of an open nightingale ward that was grim and depressing.

It continued to be of concern to the Inspectorate that residents remain accommodated, cared for and treated in such unsuitable premises and that this situation was likely to continue as progress had been slow in moving the admissions units to the new unit at Connolly Hospital and that no funding had been made available by the HSE to rectify the situation.

**DETAILS OF WARDS IN THE APPROVED CENTRE**

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Unit O	12	10	General adult
Unit 3B	25	24	General adult and rehabilitation
Unit 8A	12	11	General adult
Unit 3A	21	20	Sector teams and rehabilitation
Unit 8B	12	12	General adult

**QUALITY INITIATIVES**

- A psychologist and two social workers had been appointed to the approved centre in 2009.
- A new medication management review group had been introduced to the service.
- An integrated safety and quality committee had been introduced to the service.
- A new consumer panel had been set up.
- A health promotion committee had been set up.

- Implementation of an intra-occupational therapy referral form between hospital and community services had been developed.
- **Unit O:** A representative of the Irish Advocacy Network visited regularly; new en-suite facilities had been installed; planned personal alarms upgrading was now complete; a pilot study of a core care plan for seclusion had begun; multidisciplinary care plans were being implemented; a new notice board had been ordered and the Inspectorate understands this has now been installed; a staff support group has commenced on the unit; a MDT business meeting commenced. Regular meetings were held between management and staff of Unit O; and a policy on aggressive behaviour management was being developed in consultation with An Garda Síochána.
- **Unit 3A:** Multidisciplinary care plans were being implemented; refurbishment of the unit had taken place; a new resident lift had been installed; and a representative of the Irish Advocacy Network visited regularly;.
- **Unit 3B:** Refurbishment of the unit had taken place. multidisciplinary care plans were being implemented; and a representative of the Irish Advocacy Network visited regularly.
- **Unit 8A:** Multidisciplinary care plans were being implemented; the information booklet for residents had been updated and improved; new en suite facilities had been installed; and a pilot study of a core care plan for seclusion had begun.
- **Unit 8B:** Multidisciplinary care plans were being implemented; the information booklet for residents had been updated and improved; frequency of occupational therapy groups on the unit had increased to four times a week as clients engage more with therapists.

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

*1. The building that houses the secure units was old and unfit for purpose. It should be closed as soon as possible.*

**Outcome:** Planning permission had been sought for a new mental health facility on the North Circular Road but it was unlikely this would be completed before 2011.

*2. Admissions should not be facilitated in Units 3A and 3B and should go to Connolly Hospital.*

**Outcome:** A ward at Connolly Hospital was unused while admissions to Units 3A and 3B continued.

*3. Funding should be made available to provide core multidisciplinary staffing for the teams. A multidisciplinary focus on care and treatment should be developed immediately.*

**Outcome:** A basic grade psychologist was appointed in Unit O for the first time. Two social worker posts were appointed in February 2009.

*4. Advocacy services should visit all the units on a regular basis.*

**Outcome:** A member of the Irish Advocacy Network visits regularly although no advocate visits are made to Unit 8B.

*5. The approved centre should enforce the agreed protocols for admission and discharge.*

**Outcome:** This had not been done.

*6. The forensic needs of residents should be addressed by specialist mental health forensic services.*

**Outcome:** This had not happened.

**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:

On Unit O, photographic identification was attached to the notes. Most residents were long stay and were known to staff. Two staff members distribute medications. On Unit 3B, photographs were attached to the residents' file and medication card index. On Unit 3A, many residents were long stay and known to the staff and two nurses checked all medication with residents, and in Unit 8A two nurses checked all medication with the resident.

**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:**

Food was prepared in another institution, St. Mary's Hospital, and brought to St. Brendan's. A menu was displayed in the dining room of Unit 3A, Unit 3B, and Unit 8A, and a choice of menu was available. Fresh drinking water was available on the ward.

**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>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>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

A food safety inspection was conducted in June 2009. The report highlighted a number of issues that needed to be addressed to be fully compliant. The service had responded and outlined what measures it intended to take to rectify these issues.

**Breach:** Article 6

**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>X</b>	
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

On Unit O there was a policy with an appropriate review date. Patients had their own clothing unless indicated in their care plan. Where residents did not have their own clothes, a system existed for obtaining clothes from stores, which were then kept by the resident. The majority of residents were dressed in day clothes, and where residents were in night clothes, this was written in their individual care plan. On Unit 8A and Unit 3A, all residents wore their own clothes and residents only wore night clothes during the day if it was indicated in their individual care plan.

**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>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 policy with an appropriate review date was in place. A property list was compiled on admission and a copy was kept in the resident's file. Accounts were kept of residents' money held on the unit for safekeeping.

On Unit O, residents had their own wardrobes and lockers. The lockers were locked and accessible by requesting access from nursing staff who held a master key. A coding system on the locker doors was unworkable. On Unit 3B, each resident had a locker and there was a safe on the ward for residents' valuables.



**Article 9: Recreational Activities**

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:**

The atmosphere on Unit O was poor. While TV viewing, bingo and cards were available, there was little evidence on the day of inspection that residents had anything to do but wander or sit aimlessly in the day area. For those residents well enough to leave the secure area the situation seemed better. The Inspectorate was informed that these residents can go out to visit family, can go shopping, or can go to a special care therapy unit facilitated by the occupational therapy service. On occasion, a HSE mini-bus takes groups to the beach.

On Unit 3B, a nursing activities therapist attends the ward five mornings a week to conduct activities in the ward. Residents may also attend the special care therapy unit if they wish. There was a supply of books on the ward and residents had access to TV viewing. On Unit 8B, the occupational therapist attended the ward twice weekly, and four residents attended special care therapy. On Unit 3A, residents had access to an activity nurse and the occupational therapist who attended the ward. There was little recreational activity on the ward besides snooker, painting or watching television. On Unit 8A, residents had access to the special care therapy unit and the occupational therapist. There was little to do on the ward except watch television.

**Breach:** Article 9

**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:**

In each unit there was a cultural diversity booklet for the guidance of staff. On Unit O, residents were facilitated in attending religious services where possible. A Roman Catholic priest visited the unit regularly and there was access to religious services for people of different religious beliefs as required. On Unit 3B, the priest visited the ward weekly and more often if required. Residents had access to clergy of other religions as required. On Unit 3A and 8A, residents were facilitated in the practice of their religion.

**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>X</b>
<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:**

There was a policy in place with an appropriate review date. On Unit O, there was no dedicated visiting room. Visitors had to use the day room or the garden where they were frequently surrounded by other residents and their families. When possible, visitors met with residents outside the ward. Staff took one resident home to visit a relative who could not travel. Children wishing to visit had to give prior notice and special arrangements were made outside the ward area. On Unit 3A, Unit 3B, Unit 8A and Unit 8B, there was a designated visitors' room.

**Breach:** Article 11 (1)

**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>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>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

On Unit O, residents were given access to a telephone after 1900h. The policy was to limit access to phones as residents might make nuisance calls or contact Gardaí needlessly. This was not recorded in the resident's individual case files. Residents could use the daily postal system from the unit. Nursing staff sometimes opened resident's mail, when there was reason to be concerned at the content. This might not have to do with their fear that the communication could result in harm to the resident or others and it was not recorded in the resident's notes. The Inspectorate was informed that residents did not have access to mobile phones or to the internet.

On Unit 3B, the public phone was not working, but residents had access to the phone in the nurses' office. There was no internet access. On Unit 3A, residents had access to mobile phones unless stated in the individual case notes. There was a telephone on the ward and residents could receive telephone calls to the ward. On Unit 8A, residents had access to their mobile phones unless stated in their case notes. The residents could receive telephone calls directly to the ward.

**Breach:** Article 12 (1)(2)(4)

**Article 13: Searches**

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>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

Policies with appropriate review dates were in place, but in Unit O some searches were conducted outside the policy guidelines. The routine searching of residents' belongings as they returned from leave should be contextualised in terms of their risk assessment and should be entered into the case notes.

On Unit 3B and Unit 8B, residents' property was searched on admission, with consent. There had been no searches on these units in 2009. On Unit 3A and Unit 8A, residents' property was only searched on admission with consent. On Unit 8A there had been no searches in 2009.

**Breach:** Article 13 (6)(9)

**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:**

Policies with appropriate review dates were in place. On Unit 3B, Unit 8B, Unit 3A or Unit 8A, there had been no deaths in 2009.

**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>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>X</b>
<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:**

On Unit 3B and Unit 8B, multidisciplinary care plans were in place. Treatment goals were identified and reviewed in the files examined. In one file examined, goals were generic and specific tasks were not allocated to specific team members. Multidisciplinary teams met regularly and residents were assessed.

On Unit O, care plans were in place. They should be specific as to treatment goals and provider.

On Unit 3A and Unit 8A, multidisciplinary team care plan was available but was not being signed by the residents, who also did not get a copy of their own care plan. Some care plans were not fully completed. There were no entries in the care plan from the social worker or the psychologist.

**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>X</b>
<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:**

On Unit O, all residents who could do so, had access to the special care therapy facility run by nursing staff. A range of activities was provided there during office hours, i.e. art, dancing, poetry. Two occupational therapists attend Unit O for 1 hour each day providing programmes for those residents who cannot leave. Outside of these hours people confined to Unit O had inadequate access to therapeutic activities. On Unit 3B, residents were assessed by the occupational therapist and an occupational therapy plan was developed. On Unit 3A and Unit 8A, residents had access to an occupational therapist and the occupational therapy assessments were thorough. However, these were not linked to individual care plans. No other therapeutic programmes and services were available.

**Breach:** Article 16 (1)(2)



**Article 17: Children's Education**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>NOT APPLICABLE</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:**

One child had been admitted in 2009. The Approved Centre does not have appropriate facilities for the needs of children.

**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>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 had a policy in place on transfer of residents and had produced a form for completion to ensure transfer of relevant information.

Two residents had been transferred into Unit O in the recent past without risk assessments having been completed by the other service. This was unacceptable and the matter was being pursued by staff.

**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>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 individual care plan had a section for physical health needs. The service had produced a page that was inserted at the beginning of each chart indicating the date the physical health check had been carried out. On Unit 3B and Unit 8B, physical examinations had been completed. A policy and procedures on medical emergencies was in place, with appropriate review date. On Unit O, a system to identify the need for the six-monthly physical review was in place. However, this had not been completed for one patient whose file was examined. On Unit 3A and 8A, all six monthly physical reviews were completed.

**Breach:** Article 19 (1)(b)

**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>X</b>
<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 had a policy on provision of information. A general hospital information leaflet was available for residents. There was also a good information leaflet on diagnosis. Information on medication was generally given verbally, but a leaflet similar to that produced on diagnosis would be beneficial. Information on advocacy services was displayed on the ward in Unit 3A, Unit 3B and Unit 8A.

On Unit O, the information board in the day room was the same as 2008 although the inspector was informed a new one had been ordered. The pages of rules were still affixed to the wall. No information on diagnosis or treatment was routinely given to patients. Some leaflets were held in the nursing office and residents could ask for them. However residents were not informed that the leaflets were there.

**Breach:** Article 20 (1)(a)(c)(e)

**Article 21: Privacy**

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:**

On Unit 3B, not all beds had partition curtains, although these had been requested. Some of the toilets had no locks. The bedroom area in Unit 8B was a large dormitory with ten beds. There were no fixed partitions, with limited privacy being provided by means of portable screens.

On Unit O, curtains were provided around bed areas and the ward was generally bright and cheerful. Wardrobe space was provided. Lockers were provided for valuables although the only access to them was by a master key which was held by nursing staff. The dormitory area was locked during the day with limited access for residents. On Unit 8A, privacy on the open nightingale ward was very poor. Screens or curtains around each bed were available. There was no quiet private space available for residents.

**Breach:** Article 21

**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. Brendan's Hospital was an old building that wasn't capable of providing premises suitable to mental health needs. Unit 3A had been substantially redecorated in 2009. New furniture had been supplied. Unit 3B had also been repainted. These units were clean.

Unit O catered for residents with complex mental health needs who were often aggressive and hostile. The only place for people who could not leave the unit during the day was the day room, which was poorly furnished and decorated, or wandering the corridor. This was not conducive to recovery. On the day of inspection, one resident had fouled the toilet area. The Inspectorate was told this was a regular occurrence and the existing staff found it hard to continually clean the area. This was unacceptable for other residents.

On Unit 8A, the bathroom area had been improved but the unit was an open nightingale ward and was not conducive to privacy for residents. The ward still had a neglected appearance. The exposed pipework in the bathroom walls remained.

Unit 8B appeared dreary and depressing. It was not appropriate for a modern mental health service.

**Breach:** Article 22 (1)(a)(c), Article 22 (2), and 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:**

A medication management policy was in place.

**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 a health and safety policy and statement.



**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>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>	<b>X</b>	

**Justification for this rating:**

The service had a policy on the use of CCTV. On Unit 3B, there was a CCTV camera at the entrance door which was monitored in the nursing office. On Unit 8B, the visitors' room had a CCTV camera, monitored from the nurses' office. On Unit O, there were four cameras in operation. One was in a store room, one in the seclusion room, and two in other rooms. On the day of inspection, one woman slept in one room that had a working CCTV camera and had not been told of the existence of CCTV and this had not been entered in her case file. On Unit 3A, the unit had CCTV that monitored the lounge and smoking room only. Unit 8A had CCTV that monitored the corridors only.

**Breach:** Article 25 (1)(d)(3)

**Article 26: Staffing**

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Unit 3B	Nurse Health care assistant Activities nurse	5 nurses and 1 CNM 0-2 1	4 0 0
Unit 8B	Nurse Household staff	3 Nurses and 1 CNM2 2	2 0
Unit 3A	Nurse Health care assistant	3 1	3 0
Unit 8A	Nurse	4 Nurses and 1 CNM	3
Unit O	Nurse Occupational Therapy Manager Occupational therapist Occupational therapy assistant Social worker Clinical psychologist	4 nurses and 1 CNM2 1 3 Senior and 1 Basic Grade 1 3 1	4 0 0 0 0 0
Special Care	Nurse Health care assistant	1 CNM 2, 1 CNM1 1	0 0
Art therapy	Art therapist	1	0

Inspectorate of Mental Health Services

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:**

The approved centre had a policy on recruitment and vetting of staff. Not all staff had been Garda vetted as yet. It was a requirement under the Code of Practice that all staff who had contact with children should have undergone Garda clearance.

The approved centre had five occupational therapists, three social workers and one psychologist. The skill mix was clearly insufficient to meet the needs of residents.

**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>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>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

There was a policy and procedures in place regarding the maintenance of records. There was no fire inspection report available on the day of inspection. The food safety inspection report conducted in June 2009 highlighted a number of issues to be addressed by the service. Psychology notes were not available to the Inspectorate on the day of inspection.

**Breach:** Article 27 (1)(3)

**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>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 register of residents was seen and contained all the relevant information as outlined in the Schedule.

**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>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>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

The policies on ECT and Mechanical Restraint were in draft form only. All other policies were in date.

**Breach:** Article 29

**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:**

Tribunals were facilitated in the approved centre.

**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>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 a policy in place regarding complaints. Information describing the complaints procedure was in the information leaflet. Written complaints were forwarded to the hospital administrator, who was the designated person. Suggestions in the suggestion box in Unit 3B were read at the bi-monthly consumer panel meetings.

On Unit O, complaints were dealt with in the first instance by the CNM1 who passed the complaint on if the issue could not be resolved. Examples of complaints concerned food, bed access during the day, and telephone access.



**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>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

The service had a risk management policy in place. A record was kept of incidents and forwarded to the Mental Health Commission.

The policy should state that a risk assessment should be carried out on admission or prior to admission where the patient was being transferred from another facility.

**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:**

The approved centre had an up-to-date insurance certificate on the day of inspection.

**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 of registration was displayed in the assessment unit.

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

**SECLUSION**

**Use:** There were no seclusion facilities on Unit 3A, Unit 3B or Unit 8B. On Unit 8A there had been 202 episodes of seclusion involving 50 residents.

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	X			
12	Child patients	NOT APPLICABLE			

**Justification for this rating:**

On Unit O, alternatives to seclusion were not documented in the case notes. A record showing that all staff had read and understood the policy was available to the Inspectorate. There was some confusion in the service as to the status of three rooms that had CCTV cameras but which had been decommissioned as seclusion rooms. This needed to be clarified.

The seclusion facilities on Unit 8A had been completed to a good standard. There was no documentation that the resident was informed of the reason for, or likely duration of seclusion or whether the next of kin were informed.

There was no documentation showing the episodes of seclusion had been reviewed by the multidisciplinary team.

**Breach:** Section 2.1, Section 2.2, Section 2.9, Section 2.10(a)(b), and Section 9.2.

**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**

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Mechanical restraint was not in use at the time of inspection.

**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 on Unit 3B in 2009. The physical restraint register for this unit was unused. On Unit 3A, there had been no episodes of physical restraint in 2009. On Unit 8A, there had been 57 episodes of physical restraint involving 28 residents.

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:**

On Unit O, alternatives to physical restraint discussed with the patient needed to be entered into the case notes.

**Breach:** Section 2.1



**ADMISSION OF CHILDREN**

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**Description:** One child had been admitted to the service in 2009.

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

**Justification for this rating:**

The approved centre was not compliant in the provision of age-appropriate facilities and a programme of activities appropriate to age. As no child was resident at the time of inspection, Section 3 and Section 4 did not apply.

**Breach:** 2.5 (b)

**NOTIFICATION OF DEATHS AND INCIDENT REPORTING**

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**Description:** There had been no deaths reported in the approved centre in 2009

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:**

There had been no deaths reported in the approved centre in 2009.

**ECT FOR VOLUNTARY PATIENTS**

---

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:** No patient had been detained for longer than three months in Unit 3B. On Unit 8B, two patients had been detained in excess of three months.

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:**

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

**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 since the inspection of 2008.

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

### **SERVICE USER INTERVIEWS**

Service users spoke with the Inspectorate on the day of inspection. One resident in Unit 3B pointed out the lack of locks on some of the toilet doors. The inspector also spoke to a resident in Unit 8B. The Inspectorate spoke to one resident on Unit 3A and one resident on Unit 8A. Both spoke of the noise levels on the ward, lack of privacy and lack of recreational activities on the wards in the evening and at weekends.

### **OVERALL CONCLUSIONS**

The approved centre was not compliant with over half of the Regulations inspected and it continued to be of concern to the Inspectorate that residents remained accommodated, cared for and treated in such unsuitable premises and that this situation was likely to continue as action and agreement had been slow to progress regarding moving the admissions units to the new unit at Connolly Hospital and that no funding had been made available by the HSE to rectify the situation.

### **RECOMMENDATIONS 2009**

1. Admissions to Unit 3A and Unit 3B should not be facilitated, but admissions should be facilitated at Connolly Hospital.
2. The building that houses the secure units is old and unfit for purpose and should be closed as a matter of urgency.
3. Extra funding should be made available to provide core multidisciplinary staffing for the teams and a focus on care and treatment should be developed immediately.
4. Advocacy services should visit all the units on a regular basis.
5. The approved centre should enforce the agreed protocols for admission and discharge.
6. The forensic needs of residents should be addressed by specialist mental health forensic services.
7. Therapeutic activities for residents should be linked to their individual care plans.
8. All disciplines must ensure that all interventions with residents are recorded in the residents' case notes.
9. Fire and food safety inspection issues identified should be addressed and an up-to-date report sent to the Inspectorate.
10. The communication issues highlighted in Article 12 should be reviewed.
11. All six-monthly physical reviews should be accurately recorded in the resident's case notes.
12. All residents should be informed of the use of CCTV cameras and no cameras should be located in resident's bedrooms.
13. All policies and procedures should be updated and none should be in draft format.