

Report of the Inspector of Mental Health Services 2010

EXECUTIVE CATCHMENT AREA	Dublin North West, Dublin North Central
HSE AREA	Dublin North West
CATCHMENT AREA	North West Dublin
MENTAL HEALTH SERVICE	North West Dublin
APPROVED CENTRE	St. Brendan's Hospital
NUMBER OF WARDS	5
NAMES OF UNITS OR WARDS INSPECTED	Unit O Unit 3A Unit 3B Unit 8A
TOTAL NUMBER OF BEDS	82
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	15 June 2010

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

INTRODUCTION

In 2010, the Inspectorate paid particular attention to Articles 15 to 22 and 26 of the Mental Health Act 2001 (Approved Centres) Regulations 2006 and all areas of non-compliance with the Regulations in 2009 and any other Article where applicable. The Inspectorate was keen to highlight improvements and initiatives carried out in the past year and track progress on the implementation of recommendations made in 2009. Information was gathered from self-assessments, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

St. Brendan's Hospital was a large Victorian building situated in Dublin city on a very extensive site. The units which were still in operation were dispersed in various buildings around the grounds. Units O, 8A and 8B were situated in the older buildings. The hospital provided acute and continuing care for residents and secure facilities for the catchment area. There were 67 residents in the hospital on the day of Inspection; no children were resident at the time of Inspection.

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Unit 3A	12	11	Sector Teams and Rehabilitation
Unit 3B	24	21	Sector Teams and Rehabilitation
Unit O	12	12	General Adult
Unit 8A	12	11	General Adult
Unit 8B	12	12	General Adult

QUALITY INITIATIVES

- The plans for the new building on the site had progressed to the stage where it was expected that initial works would begin in August 2010.
- The advocate had begun to visit all units on a regular basis.
- The medication management group had completed the design of a new medication prescription chart.

- There had been a review and update of all risk hazards for all units.
- An audit had been carried out on the effectiveness of the Core Care Plan for seclusion.
- A document outlining the Staff Orientation Programme and facilitators were introduced for new graduates and new staff nurses.
- The social work department had developed a social work assessment form to be completed for each resident.
- A 'Befriending Service' had been started.
- A multidisciplinary and service user group was engaged in training staff and service users in the WRAP (Wellness Recovery Action Plan).

PROGRESS ON RECOMMENDATIONS IN THE 2009 APPROVED CENTRE REPORT

1. Admissions to Units 3A and 3B should not be facilitated and should be facilitated at Connolly Hospital.

Outcome: The service continued to admit patients to Unit 3A and 3B, but it was expected that this would cease within the next month with the opening of an additional ward in Connolly Hospital.

2. The building which houses the secure units is old and unfit for purpose. It should be closed as a matter of urgency.

Outcome: This building remained open.

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.

Outcome: This had not been carried out.

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

Outcome: The Advocate now visited all units.

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

Outcome: Staff had been fully apprised of the protocols for admission and discharge.

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

Outcome: A consultant psychiatrist in St. Brendan's Hospital had specialist forensic training.

7. Therapeutic activities for residents should be linked to their individual care plan.

Outcome: There was evidence that therapeutic activities were linked to individual care plans in many of the clinical files seen by the Inspectorate.

8. All disciplines must ensure that all interventions with residents are recorded in the resident's clinical file.

Outcome: Clinical files seen by the Inspectorate contained many entries from occupational therapy and social work but only one clinical file contained an entry from a psychologist, despite staff assuring the Inspectorate that the psychologist was seeing other residents.

9. Fire and Food safety inspection issues identified should be addressed and an up-to-date report sent to the Inspectorate.

Outcome: Reports were forwarded to the Inspectorate.

10. The communication issues highlighted in Article 12 should be reviewed.

Outcome: Access to mobile phones varied throughout the hospital. Residents had access to office phones as required.

11. All six monthly physical reviews should be accurately recorded in the resident's clinical file.

Outcome: This had been done.

12. CCTV – all residents should be informed of the use of CCTV cameras and no cameras should be located in resident's bedrooms.

Outcome: One CCTV camera remained in a single bedroom in Unit O. The resident had been informed of this and was agreeable to its use.

13. All policies and procedures should be updated with none in draft format.

Outcome: All policies were up to date.

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

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

Article 4: Identification of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 5: Food and Nutrition

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 6 (1-2): Food Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Justification for this rating:

The service had responded to the issues highlighted by the Food Safety report from June 2009.

Article 7: Clothing

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 8: Residents' Personal Property and Possessions

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 9: Recreational Activities

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>	X	
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

Residents in Unit 3A and 3B had access to recreational activities. Nursing staff accommodated community outings at the week-end. There were books, television and DVDs in these units. In addition, there was a treadmill and exercise bike in Unit 3A. There were some recreational activities in Unit O. The Special Care Therapy Unit provided off unit recreational activities. Occupational therapy provided recreational activities based on individual need.

The only evident recreational resources on unit 8A were a television, a smoking room and a bookshelf with limited reading material. At the time of the Inspection, a small number of unit 8A residents were attending activities off the unit, and the remaining residents were pacing the floor or seated with little to engage their interest.

Breach: 9

Article 10: Religion

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 11 (1-6): Visits

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>	X	
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

All units except Unit O had a dedicated visiting room. There was a plan for Unit O to create a visitors' room by sub-dividing the large day room. The service had a written policy on visits.

Breach: 11(4)

Article 12 (1-4): Communication

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>	X	X
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

Unit O: Mobile phones were not permitted but residents had supervised access to the office phone, in private at 1900h.

Unit 3A: Residents were permitted to retain their own mobile phones provided these phones did not have a camera. Otherwise, residents were permitted to use the ward mobile handset phone.

Unit 3B: Residents had free access to their mobile phones.

Unit 8A: Residents had access to mobile phones and could make calls from the office phone if necessary.

The service had a policy on communication but this policy does not make any reference to the use of mobile phones.

Breach: 12(3)

Article 13: Searches

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Justification for this rating:

No searches had been carried out in Unit 3A, 3B, or 8A. A recent search had been carried out in Unit O, with the consent of the resident.

The service had a policy on conducting searches.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 15: Individual Care Plan

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>	X	
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

Clinical files in each of the units visited were examined. In all cases, with the exception of one resident in Unit 3B and one in Unit 3A, individual care plans had been completed. In most cases, the resident had signed their care plan or if unable or unwilling to sign, this was noted on the individual care plan. Individual care plans were multidisciplinary but although the psychologist attended the multidisciplinary meetings, psychology notes were seen in only one clinical file on Inspection. Social work had developed an assessment form which was filled out for each resident. Occupational therapy assessment, intervention and progress reports were filed in individual clinical files.

Breach: 15

Article 16: Therapeutic Services and Programmes

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>	X	
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

There was a very active occupational therapy department in the hospital providing group and individual interventions to the majority of residents. Formative and summative occupational therapy assessments were recorded in the individual clinical files.

There was very little evidence of psychology input in the clinical files Inspected. The approved centre stated that the clinical psychologist was a member of the rehabilitation team and hence worked with clients who were discharged and in the community. The approved centre had one clinical psychologist which was insufficient to meet the needs of residents.

Unit 3B and 3A each had an activity room within the unit and activities were facilitated by nursing staff. A special care therapy unit provided off-unit activities.

Breach: 16 (1)

Article 17: Children's Education

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		N/A
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	

Justification for this rating:

The service had a policy on children's education. No children had been admitted since the previous inspection in 2009.

Article 18: Transfer of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Justification for this rating:

The service had a policy on the transfer of residents. Staff accompanied residents on transfer and remained with the resident until admission to the other hospital or approved centre. Relevant information accompanied the resident on transfer.

Article 19 (1-2): General Health

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Justification for this rating:

All six-monthly physical health reviews had been completed for residents who had been in the approved centre for longer than six months. The service had a written policy on responding to medical emergencies.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>	X	
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

All wards had information on aspects of mental health. In Unit O, the information displayed was not related to mental health, but staff advised that information on diagnosis and medication was given to residents by the consultant. An information leaflet on the running of the unit was available to residents and provided space to insert information on the multidisciplinary team

In Unit 8A, information was stored in the nursing office, and was of a very broad nature, predominantly comprising information on medication and a limited amount on diagnosis. Information was not provided in a user friendly format, was not adapted to individual need and was not displayed or available in the communal day room.

The information leaflets on Unit 3B was of a very good standard and provided clear information on both diagnosis and medication. It is suggested that this range of information be distributed to other units within the hospital.

The service had an up-to-date policy on provision of information and information on advocacy services was displayed.

Breach: 20 (1) (c) (e)

Article 21: Privacy

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>	X	
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

Most of the sleeping arrangements were in dormitory-style bedrooms with between four and eleven beds. All beds had partition curtains around them, although some had been temporarily pulled down in Unit 8A. Unit 3B comprised five rooms each with four beds and one special observation room with four beds, all had partition curtains. One lavatory in Unit 3B did not have a lock on the door when Inspected and this item was outstanding since the Inspection of 2009. The showers offered limited privacy as a portable hospital screen was used in the absence of a shower screen or door.

Dormitory accommodation was not conducive to privacy. All wardrobes had locks.

Breach: 21

Article 22: Premises

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>	X	X
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

Units 3A and 3B were very clean, bright and had recently been refurbished.

Unit O was also clean and bright but was situated in an out-dated building.

Unit 8A was drab, gloomy and outdated. The furnishings, décor and state of upkeep on this unit did not enhance well-being or dignity.

Breach: 22(1) (a) (c), 22 (2), 22 (3)

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 24 (1-2): Health and Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 25: Use of Closed Circuit Television (CCTV)

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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	

Justification for this rating:

The service had a policy on the use of CCTV. There was signage in place and cameras were used for observational purposes only and did not record.

On Unit 3B a CCTV camera monitored the entrance only.

On Unit O and Unit 8A, there were four cameras in operation in each unit. One was in a store room, one in the seclusion room and two in other rooms. On the day of Inspection, one female resident slept in a room that had a working CCTV camera. This camera did not record. The Inspection team met with the resident and she had been apprised of the purpose and use of the CCTV and this had been entered in her clinical file. Unit 3A had a CCTV that monitored the lounge, activities room and smoking room.

Unit 8A had six CCTV cameras and five monitors covering the outside the entrance, the smoking room, the sitting room, the visitors room and corridor, and the two seclusion rooms. CCTV was used for observation only.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Unit O	CNM 2	1	0
	Nursing staff	4, plus 1 special on day of Inspection	4
	Security personnel	1, up to 22:00h	
Unit 3A	CNM 2	1	0
	Nursing staff	3 + 1 special	3
	Therapy Nurse	1	0
	Healthcare Assistant	1	0
Unit 3B	CNM 2	1	3
	Nursing staff	4	0
	Therapy Nurse	0.5	0
	Healthcare Assistant	1	0
Unit 8A	CNM 2	1	0
	Nursing staff	4	3

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>	X	
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this</i>		

	<i>Regulation.</i>		
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Justification for this rating:

The service had five occupational therapists, three social workers and one psychologist working in the approved centre. There was a written policy on recruitment of staffing. Mandatory training was provided for staff in crisis prevention intervention (CPI), cardio-pulmonary resuscitation (CPR) and Manual Handling.

Breach: 26 (2)

Article 27: Maintenance of Records

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Justification for this rating:

Records were well maintained and individual clinical files had dividers clearly indicating domain of care and discipline.

Article 28: Register of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 29: Operating policies and procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Justification for this rating:

Policies and procedures were available and up to date.

Article 30: Mental Health Tribunals

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 31: Complaint Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 32: Risk Management Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 33: Insurance

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 34: Certificate of Registration

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

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

SECLUSION

Use: There were no seclusion facilities on Unit 3A or Unit 3B. Unit O had a seclusion room and there had been 43 episodes of seclusion from the 19 April 2020 to the time of Inspection. Unit 8A had two seclusion rooms and there had been 88 episodes of seclusion from 26 March 2010 to the date of Inspection.

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

Justification for this rating:

Orders for seclusion were completed in the Register for seclusion. The facilities were satisfactory and the room in Unit O had en-suite facilities. Signs indicating the use of CCTV were in evidence. The service had an up-to-date policy on seclusion.

ECT (DETAINED PATIENTS)

Use: ECT was not provided in the approved centre.

MECHANICAL RESTRAINT

Use: Mechanical restraint was not used in the approved centre. The service had a policy on the use of mechanical restraint.

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

PHYSICAL RESTRAINT

Use: Physical restraint was used in Unit 3B, Unit O and Unit 8A. It was not used in Unit 3A.

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

Justification for this rating:

Not all Clinical Practice Forms examined on the day of Inspection had been completed. In Unit 3B, two Clinical Practice Forms were still in the Register and were incomplete.

Breach: 5.7(b), (c), 8.3

ADMISSION OF CHILDREN

Description: No children had been admitted to the approved centre since January 2010.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: One resident had died in the approved centre since the previous Inspection.

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:

One death had occurred in St. Brendan's Hospital since the previous Inspection and was notified to the Mental Health Commission. The service had an up-to-date policy on risk management.

ECT FOR VOLUNTARY PATIENTS

Use: ECT was not provided in the approved centre.

ADMISSION, TRANSFER AND DISCHARGE

Part 2 Enabling Good Practice through Effective Governance

The following aspects were considered: 4. policies and protocols, 5. privacy confidentiality and consent, 6. staff roles and responsibility, 7. risk management, 8. information transfer, 9. staff information and training.

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
	X		

Justification for this rating:

The service had policies on admission, transfer and discharge of residents. There was a policy on risk management. The service had not yet implemented protocols on a number of issues relating to homeless people or the admission and discharge of persons with an intellectual disability. There were no protocols for unplanned self-referrals. A multidisciplinary team was in the process of developing appropriate protocols to bring the service into compliance with the Code of Practice.

Breach: 4.5, 4.12, 4.16.

Part 3 Admission Process

The following aspects were considered: 10. pre-admission process, 11. unplanned referral to an Approved Centre, 12. admission criteria, 13. decision to admit, 14. decision not to admit, 15. assessment following admission, 16. rights and information, 17. individual care and treatment plan, 18. resident and family/carer/advocate involvement, 19. multidisciplinary team involvement, 20. key-worker, 21. collaboration with primary health care community mental health services, relevant outside agencies and information transfer, 22. record-keeping and documentation, 23. day of admission, 24. specific groups.

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
	X		

Justification for this rating:

Residents were assessed by medical and nursing staff following admission. Information about the unit was provided to residents, and a key-worker was assigned. Most residents had an individual care plan, but this did not always include a preliminary discharge plan. A multidisciplinary team was in the process of developing appropriate protocols to bring the service into compliance with the Code of Practice.

Breach: 17.1, 17.3

Part 4 Transfer Process

The following aspects were considered: 25. Transfer criteria, 26. decision to transfer, 27. assessment before transfer, 28. resident involvement, 29. multi-disciplinary team involvement, 30. communication between Approved Centre and receiving facility and information transfer, 31. record-keeping and documentation, 32. day of transfer.

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
X			

Justification for this rating:

There was an up-to-date policy on transfer of residents. Written information accompanied the resident on transfer.

Part 5 Discharge Process

The following aspects were considered: 33. Decision to discharge, 34. discharge planning, 35. pre-discharge assessment, 36. multi-disciplinary team involvement, 37. key-worker, 38. collaboration with primary health care, community mental health services, relevant outside agencies and information transfer, 39. resident and family/carer/advocate involvement and information provision, 40. notice of discharge, 41. follow-up and aftercare, 42. record-keeping and documentation, 43. day of discharge, 44. specific groups.

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
		X	

Justification for this rating:

The service did not have a policy on the discharge of elderly persons. There were no protocols on follow-up for residents after discharge.

Breach: 34.2, 38, 41, 44.2

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

The following aspects were considered: 5. policies, 6. education and training, 7. inter-agency collaboration, 8. individual care and treatment plan, 9. communication issues, 10. environmental considerations, 11. considering the use of restrictive practices, 12. main recommendations, 13. assessing capacity.

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
			X

Justification for this rating:

The service did not have a policy on the admission or discharge of people with an intellectual disability. Staff had not received specific training on working with people with an intellectual disability and mental health illness.

Breach: 5, 6, 7

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: There were four patients in Units O and 8A resident for longer than three months and who were receiving medication.

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

Justification for this rating:

There was no evidence that these patients had provided written consent to the continued administration of medication or that the relevant Form 17 had been signed by a second consultant.

Breach: 60

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

Description: No child had been admitted under Section 25 since the previous Inspection.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

Residents were greeted by the Inspectorate during the Inspection. Four residents spoke individually to the Inspectorate. Staff were praised for their attention and commitment to residents.

MEDICATION

Medication sheets were in the Kardex format. The prescriptions were clear and legible. The signatures had accompanying medical council numbers and this was excellent. As required (PRN), once only and regular medication were in the same location in the medication sheets.

A high percentage (72%) of acute residents was prescribed benzodiazepines either as regular medication and/or PRN medication.

MEDICATION ACUTE

NUMBER OF PRESCRIPTIONS:	43
Number on benzodiazepines	31 (72%)
Number on more than one benzodiazepine	6 (14%)
Number on regular benzodiazepines	26 (60%)
Number on PRN benzodiazepines	10 (23%)
Number on hypnotics	22 (51%)
Number on Non benzodiazepine hypnotics	11 (26%)
Number on antipsychotic medication	37 (86%)
Number on high dose antipsychotic medication	9 (21%)
Number on more than one antipsychotic medication	11 (26%)
Number on PRN antipsychotic medication	4 (9%)

Number on antidepressant medication	19 (44%)
Number on more than one antidepressant	2 (5%)
Number on antiepileptic medication	11 (26%)
Number on Lithium	6 (14%)

MEDICATION LONG STAY

NUMBER OF PRESCRIPTIONS:	23
Number on benzodiazepines	9 (39%)
Number on more than one benzodiazepine	4 (17%)
Number on regular benzodiazepines	7 (30%)
Number on PRN benzodiazepines	2 (9%)
Number on hypnotics	12 (52%)
Number on Non benzodiazepine hypnotics	6 (26%)
Number on antipsychotic medication	22 (96%)
Number on high dose antipsychotic medication	4 (17%)
Number on more than one antipsychotic medication	3 (13%)
Number on PRN antipsychotic medication	0
Number on antidepressant medication	0

Number on more than one antidepressant	0
Number on antiepileptic medication	5 (22%)
Number on Lithium	3 (13%)

OVERALL CONCLUSIONS

The buildings at St. Brendan's Hospital remained unsuitable for the admission of new patients. Units O and 8A provided secure facilities for patients. An occupational therapist now attended Unit O for two hours per day and provided therapy in the day room. There was no dedicated therapy space within the unit. A group and individual programme was provided for Unit O residents in the occupational therapy department. Unit 8A was very spartan. On the day of Inspection, Unit 8A residents appeared to have little to occupy them and there was no sign of therapeutic activity on the ward. Staff reported that the occupational therapist provided weekly groups. Accommodation was in dormitories which offered limited privacy for residents. Residents had individual multidisciplinary care plans and there was evidence of good input from the occupational therapist and social worker, but little evidence of input from the psychologist; one psychologist for the entire approved centre is grossly inadequate. Staff was actively reviewing practice and a number of audits had been conducted. The management team had initiated a number of quality improvements for ongoing review. The advocate now visited all wards and this was a welcome development. All policies had been brought up to date by the management team since the previous Inspection.

Staff were pleased to report that construction of the new hospital building was about to begin within weeks of the Inspection and with the opening of Pine ward in Connolly Hospital in July 2010, new patients would no longer be admitted to St. Brendan's Hospital.

RECOMMENDATIONS 2010

1. The prescription of benzodiazepines in the acute unit (3A and 3B) should be reviewed.
2. A visiting room should be provided on Unit O.
3. Privacy locks should be provided for all bathroom and toilet facilities.
4. Multidisciplinary teams should be resourced to provide adequate multidisciplinary skill mix.
5. All patients to whom Section 60 applies should either provide written consent to continued administration of medication or have a completed Form 17 from a second consultant psychiatrist.