

Report of the Inspector of Mental Health Services 2011

EXECUTIVE CATCHMENT AREA	Dublin North Central/North West Dublin
HSE AREA	Dublin North East
MENTAL HEALTH SERVICE	North West Dublin
APPROVED CENTRE	St. Brendan's Hospital
NUMBER OF WARDS	Four
NAMES OF UNITS OR WARDS INSPECTED	Unit 3A Unit 3B Unit O Unit 8A
TOTAL NUMBER OF BEDS	56
CONDITIONS ATTACHED TO REGISTRATION	Yes
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	5 April 2011

OVERVIEW

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

The Inspectorate was keen to highlight improvements and initiatives carried out in the past year and track progress on the implementation of recommendations made in 2010. In addition to the core inspection process, information was gathered from service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

St Brendan's Hospital occupied a large site in north Dublin city. Over the preceding years, the number of beds had been reduced and at the time of inspection, there were 57 beds in four wards. Since the inspection of 2010, acute patients were no longer admitted to the approved centre, and the service now provided continuing care, rehabilitation and acute care for seriously ill residents on transfer only. Wards 3A and 3B were situated in a two-storey building which was not part of the original Victorian building, whilst wards O and 8A were in a different building on the grounds. Unit O had a permanent security guard for one patient who required urgent placement in the Central Mental Hospital. Difficulties had been encountered by the service in acquiring this place. Plans for the construction of a new building to replace the existing hospital were well advanced, and the service was awaiting the appointment of a contractor.

There were two conditions attached to the registration of the approved centre as follows:

Condition 1: The Mental Health Commission prohibited the admission of residents to Unit 3A and Unit 3B of the Approved Centre other than for the purposes of rehabilitation / respite as part of a resident's individual care and treatment plan.

Condition 2: The Mental Health Commission prohibited the admission of residents to Unit 8A and Unit O of the Approved Centre other than for the purposes of accepting the transfer of patients under sections 20 and 21 of the Mental Health Act 2001.

From January 2011 to April 2011 there had been 12 transfers to St. Brendan's Hospital under Sections 20 & 21 of the Mental Health Act 2001.

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

COMPLIANCE RATING	2009	2010	2011
Fully Compliant	15	21	25
Substantial Compliance	3	7	4
Minimal Compliance	10	2	1
Not Compliant	2	0	0
Not Applicable	1	1	1

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

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Unit O	11	9	General Adult Team
Unit 3A	21	20	Rehabilitation and Continuing Care Teams
Unit 3B	12	9	Rehabilitation and Continuing Care Teams
Unit 8A	12	12	General Adult Team

QUALITY INITIATIVES

- An audit of benzodiazepine prescribing had commenced.
- An assessment of needs of residents in community residences was taking place.
- Foreign language leaflets were introduced in Units O and 8A to facilitate the communication and care of residents who did not have English language as their first language.
- A consumer satisfaction questionnaire had been piloted by the occupational therapy service.
- Occupational therapy provided an activity based group on Unit O and this had been audited and reviewed in 2010.
- A number of clinical audits had taken place.
- A practice support network for nurses had been established.
- Additional instructors for mandatory training had been identified and up-skilled.
- A seclusion care plan had been developed and all nursing staff had been trained in its use.
- A new medication kardex was piloted in February 2011.
- A resident was now on the Grangegorman Development Agency for the redevelopment of St. Brendan's Hospital.
- The occupational therapy directive group had been audited and reviewed.

PROGRESS ON RECOMMENDATIONS IN THE 2010 APPROVED CENTRE REPORT

1. The prescription of benzodiazepines in the acute units (3A and 3B) should be reviewed.

Outcome: It was reported that an audit was underway.

2. A visiting room should be provided on Unit O.

Outcome: This had not been achieved.

3. Privacy locks should be provided for all bathroom and toilet facilities.

Outcome: This had been achieved.

4. Multidisciplinary teams should be resourced to provide an adequate multidisciplinary skill mix.

Outcome: All teams had multidisciplinary team input.

5. All patients to whom section 60 applied should either provide written consent to continued administration of medication or have a completed Form 17 from a second consultant psychiatrist.

Outcome: This had been achieved.

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

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

Article 4: Identification of Residents

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

Justification for this rating:

Unit 3A and Unit 3B: Residents were identified by photograph on the medication cardex and individual clinical file.

Unit O and Unit 8A: All residents had a photograph on their clinical file and medication sheets.

Article 5: Food and Nutrition

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

Justification for this rating:

Unit 3A and Unit 3B: There were water coolers in each ward. A choice of menu was available at mealtimes.

Unit O and Unit 8A. Water coolers were available in each unit. There was a choice of menu.

Article 6 (1-2): Food Safety

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

Justification for this rating:

An inspection of the unit kitchens was conducted in July 2010 by the Environmental Health Officer. A number of issues arose from this inspection but the service had implemented an action plan to correct them.

Article 7: Clothing

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

Justification for this rating:

Units 3A and 3B: Residents wore their own clothes. No resident was observed by the Inspectorate to be wearing night clothes during the day.

Unit O: No residents were in their night clothes.

Unit 8A: One resident was nursed in night clothes. This was not documented in the resident's individual care plan or clinical file.

Breach: 7 (2)

Article 8: Residents' Personal Property and Possessions

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

Justification for this rating:

Units 3A and 3B: Residents each had a locker for personal possessions which they could lock to ensure the safety of their belongings.

Unit O and Unit 8A: A record of personal possessions was kept. All valuables were securely kept in the nurses' office.

The approved centre had up-to-date policies on resident's personal property and possessions.

Article 9: Recreational Activities

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

Justification for this rating:

Units 3A and 3B: There were televisions, books, a pool table, two pieces of gym equipment and board games in the wards. However, many of these board games were missing pieces and were incomplete. The pool table and gym equipment were in a locked room.

Unit O: The unit was small and there was no area for recreational activities. TV and DVDs were available.

Unit 8A: There were little recreational activities apart from TV and DVDs. Residents went on walks with staff.

Breach: 9

Article 10: Religion

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

Justification for this rating:

The Chaplin visited the hospital weekly and there was Mass each Sunday. Residents with other religions were facilitated in the practice of their religion.

Article 11 (1-6): Visits

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

Justification for this rating:

Units 3A and 3B: Both these wards had specific visitors' rooms.
 Unit O: There was no visitors' area in Unit O.
 Unit 8A: There was a visitors' area in Unit 8A.
 Visiting time was in the evenings but was flexible where necessary.
 The approved centre had up-to-date policies regarding visiting.

Breach: 11 (1) (4)

Article 12 (1-4): Communication

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

Justification for this rating:

Unit 3A: Residents could not use mobile phones on the unit. This information was contained in the ward's information booklet for residents and a notice was displayed throughout the ward stating that mobile phones could not be used on the ward. Residents could use a pay phone or the ward phone if necessary for telephone calls.

Unit 3B: Residents could use their Mobile phones if desired. Residents also had access to a pay phone and the ward telephone if required.

Unit O: mobile phones were not allowed on the unit. Phone calls had to be made from the nurses' office; there was no pay phone. Letters were delivered unopened.

Unit 8A: No Mobile phones were permitted on the unit, although the residents could have access to their phones under supervision.

The approved centre had up-to-date policies regarding communication.

Article 13: Searches

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

Justification for this rating:

Units 3A and 3B: Staff reported to the Inspectorate that no searches had been carried out in 2011.

Unit O: It was reported to the Inspectorate that searches were occasionally carried out. This was done with the resident's consent and in the presence of two nursing staff.

Unit 8A: No searches had been carried out in 2011.

The approved centre had up-to-date policies on searching residents and staff were aware of the policy and procedures on searching and particularly in relation to the finding of illicit substances.

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

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

Justification for this rating:

Units 3A and 3B: At the time of inspection, no deaths had occurred in these units in 2011.

Unit O and Unit 8A: No deaths had occurred in 2011.

The approved centre had written policies and procedures regarding the care of residents who are dying.

Article 15: Individual Care Plan

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

Justification for this rating:

Units 3A and 3B: All residents in these wards had individual care plans with multidisciplinary team input which were of a high standard.

Unit O: All individual care plans were in place and up to date.

Unit 8A: All residents had individual care plans which were up to date.

Article 16: Therapeutic Services and Programmes

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

Justification for this rating:

Units 3A and 3B: Each resident had access to a mix of therapeutic services and programmes. There was evidence in the clinical files of residents that the social worker, occupational therapist and psychologist were involved in the care of residents. In ward 3B, the occupational therapist attended daily but this was not the case in ward 3A. The Activities nurse who had been in ward 3B was no longer on the ward. Some residents attended the therapy unit located in the grounds of the hospital.

Unit O and Unit 8A: Therapeutic services and programmes were detailed in each individual care plan. The occupational therapist attended the units on a daily basis. Residents could attend the occupational therapy unit and special care activity area.

Article 17: Children's Education

Children were not admitted to the approved centre.

Article 18: Transfer of Residents

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

Justification for this rating:

Units 3A and 3B: In unit 3B, one resident had been transferred to a general hospital. A copy of the referral letter was in the clinical file.

Unit O and Unit 8A: Staff accompanied residents on transfer. Relevant information accompanied the resident on transfer.

The approved centre had an up-to-date policy on the transfer of residents.

Article 19 (1-2): General Health

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

Justification for this rating:

Units 3A and 3B: There was evidence in the clinical files examined that six-monthly physical health examinations were carried out on all residents.

Unit O and Unit 8A: There was evidence from the clinical files examined that all six-monthly physical reviews were complete. The Inspectorate was informed that regular health screening took place for residents.

The approved centre had up-to-date policies for responding to medical emergencies.

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

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

Justification for this rating:

Units 3A & 3B: There were a number of information leaflets on the unit about St. Brendan's Hospital which included information on patient advocacy and how to make a complaint. There were information leaflets on individual diagnoses and medication.

Unit O and Unit 8A: Information booklets were available. There was also information on diagnosis and medication.

There was a policy on the provision of information to residents.

Article 21: Privacy

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

Justification for this rating:

Units 3A and 3B: Accommodation in these units was mainly in three or four-bed rooms. Each bed had a partition curtain or screen around it for privacy. The single room in unit 3A looked out on the car parking area in front of the hospital, but there was no frosting on one pane of glass in the window.

Unit O: Sleeping accommodation was in one dormitory. Each bed had curtains surrounding it. The constant presence of a security guard during the day within the therapeutic area on this unit was not conducive to the privacy of the residents.

Unit 8A: Residents slept in a dormitory. All beds had surrounding curtains.

Breach: 21

Article 22: Premises

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

Justification for this rating:

Units 3A and 3B: The condition of these wards was good. The wards were bright and spacious. Toilet and bathroom areas were clean and well-maintained.

Unit O: This unit was very small with only one living space for residents. It had no quiet area. It was unsuitable for the care of residents with challenging behaviour. The unit was clean and efforts had been made to brighten the area.

Unit 8A: This unit was old fashioned and unsuitable for the care of residents with challenging behaviour. The day room was drab and institutional. The unit was clean.

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

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

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

Justification for this rating:

Units 3A and 3B: Medication was administered in the clinical room. Residents were identified by means of a photograph in their medication kardex.

Unit O and Unit 8A: Residents were identified by photographs on their medication sheets.

There was a policy on the ordering, prescribing, storing and administration of medicines.

Article 24 (1-2): Health and Safety

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

Justification for this rating:

A health and safety statement was examined by the Inspectorate.

Article 25: Use of Closed Circuit Television (CCTV)

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

Justification for this rating:

Units 3A and 3B: There were CCTV cameras in unit 3A and at the entrance to the unit. The cameras in ward 3A were located in the sitting room and activities room. There were signs indicating its use and it was monitored in the nurse's office.

Unit O: There were no CCTV cameras except for the seclusion room and this was clearly indicated on a sign within the unit.

Unit 8A: There were CCTV cameras in the unit and in the seclusion room. There was adequate signage.

There was a policy on the use of CCTV. CCTV was clearly identifiable and labelled.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Unit 3A	CNM2	1	0
	RPN	3	3
	Healthcare Assistant	1	0
Unit 3B	CNM2	1	0
	CNM1	0 - 1	0
	RPN	1 – 2	2
	Healthcare Assistant	1	1
Unit 0	CNM2	1	0
	RPN	5	4
	Security guard	1	Until 2200h
Unit 8A	CNM2	1	0
	Nursing staff	4	3

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

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

Justification for this rating:

Unit 3A and 3B: There was evidence in the clinical files of residents that the social worker, occupational therapist and psychologist were involved in the care of residents. In ward 3B, the occupational therapist attended daily but this was not the case in ward 3A.

Unit O had four nursing staff during the day and night. The unit also had a security guard closely monitoring one resident. It was stated by staff that the security guard had been involved in both physical restraint and seclusion of this resident. There was no evidence that the security guard had been trained in seclusion and in restraint. There was access to clinical psychology, occupational therapy and social work in the unit.

Unit 8A: There was access to psychology, social work and occupational therapy in this unit.

A Health Service Executive (HSE) policy was available on the recruitment, selection and vetting of staff.

Staff had access to both mandatory training and continuous professional development training and a register of training was maintained and examined by the Inspectorate.

Article 27: Maintenance of Records

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

Justification for this rating:

Unit 3A and 3B: All clinical files examined by the Inspectorate were reasonably well-maintained and it was easy to retrieve necessary information.

Unit O and Unit 8A: All documentation was in good order and information was easily retrieved on the day of inspection.

There was a policy on the maintenance of records. The Inspectorate examined documentation of inspections relating to food safety, health and safety and fire inspections. All were found to be up to date.

Article 28: Register of Residents

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

Justification for this rating:

Inspection of this Article was based on self-assessment.

Article 29: Operating policies and procedures

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

Justification for this rating:

All policies and procedures for the approved centre were now available and all staff signed a document stating that they had read and understood the approved centre policies and procedures

Article 30: Mental Health Tribunals

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

Justification for this rating:

Units 3A and 3B: All residents in unit 3B were voluntary. Mental Health Tribunals were facilitated for detained patients in unit 3A, unit 8A and unit O.

Article 31: Complaint Procedures

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

Justification for this rating:

Units 3A and 3B: There was a suggestions box in unit 3B, but it was reported that it was empty, and no complaints had been received recently.

Unit O and 8A: Records of complaint were not kept at ward level. All complaints went through the CNM2 to management. The HSE complaints procedure was in place and there were notices regarding complaints displayed for residents.

There was a complaints policy in operation. There was a complaints procedure displayed in a prominent position in the approved centre.

Article 32: Risk Management Procedures

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

Justification for this rating:

The approved centre had a comprehensive risk management policy in place which was implemented throughout the approved centre.

Article 33: Insurance

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

Justification for this rating:

The approved centre was covered by the State Indemnity scheme of insurance.

Article 34: Certificate of Registration

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

Justification for this rating:

A certificate of registration was displayed.

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

SECLUSION

Use: There were no seclusion facilities on Units 3A and 3B. There was a policy for Units 3A and 3B which stated that seclusion was not used. Seclusion was used in Unit 8A and Unit O. There was no individual in seclusion in either ward on the day of inspection. The seclusion rooms were inspected.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
1	General principles	X			
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:

The Seclusion Register was inspected in Unit O. In two instances a copy of the Register had not been transferred to the individual clinical files. In two instances there was no signature by the consultant psychiatrist responsible for the care and treatment of the patient or the duty consultant.

The Seclusion Register was inspected in Unit 8A. In one instance a copy of the Register had not been entered in the individual clinical file.

In Unit O the sign alerting residents about the usage of CCTV was clearly displayed and there was a digital clock and calendar also. Three individual clinical files on Unit O were inspected and all had excellent seclusion care records. Unit 8A had appropriate signs displayed alerting residents about CCTV usage. One clinical file was inspected on Ward 8A and the seclusion care record was in order.

Breach: 3.5, 9.3

ECT (DETAINED PATIENTS)

Use: There were no ECT facilities in the approved centre. No detained patient was receiving ECT at the time of inspection.

MECHANICAL RESTRAINT

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

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

PHYSICAL RESTRAINT

Use: Units 3A and 3B did not use physical restraint. The Clinical Practice Form book was examined on both wards and had no entries for 2011. The Clinical Practice Form book was inspected in Units O and 8A.

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

Justification for this rating:

In Unit O the consultant psychiatrist had not signed the clinical practice form in one instance. In one instance the ending of the episode of physical restraint had not been filled out and signed. Two clinical files were inspected and the physical restraint was recorded as required.

In Unit 8A the clinical practice form book was in order. One clinical file was inspected and details of the physical restraint were recorded as required.

Breach: 5.7(c), 8.2

ADMISSION OF CHILDREN

Description: Children were not admitted to the approved centre.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: At the time of inspection there had been no deaths on Units 3A and 3B in 2011. No deaths had taken place on Unit O or Unit 8A in 2011 up to the date of inspection.

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

Justification for this rating:

Incidents were notified to the Mental Health Commission. The approved centre had a comprehensive risk management policy in place which was implemented throughout the approved centre.

ECT FOR VOLUNTARY PATIENTS

Use: There were no facilities for ECT in the approved centre and no resident was receiving ECT in another approved centre at the time of inspection.

ADMISSION, TRANSFER AND DISCHARGE

Description: The conditions attached to the registration of the approved centre restricted the admission of residents except for the purposes of rehabilitation or respite.

Part 2 Enabling Good Practice through Effective Governance

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The approved centre had up-to-date policies and procedures for the Admission, Transfer and Discharge of residents.

The Inspectorate examined documentation which indicated that staff had read and understood the policy.

A key worker system operated in the approved centre and a policy highlighted the role of the key worker.

The approved centre was compliant with Article 29 (Operating Policies and Procedures) and Article 32 (Risk Management). In a sample of individual clinical files inspected in Units O and 8A, all residents had risk assessments.

Part 3 Admission Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
	X		

Justification for this rating:

Units 3A and 3B: Three residents had been admitted to unit 3A since October 2010. In unit 3B, the clinical files of two residents who had been admitted in the previous month were inspected. There was little evidence in two of the clinical files that pre-assessments had been carried out; both of these admissions had been self-referred. One of these residents did not have a multidisciplinary care plan and had been discharged after 12 days. Both of these residents had been admitted for respite.

On the day of inspection two residents in Unit O had been admitted from another approved centre and the individual clinical files contained a comprehensive history and details of recent care and treatment. A risk assessment and individual care plan had been completed.

Breach: 10.2.1, 17.1, 23.1.2,

Part 4 Transfer Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

Unit 3A and 3B: One resident in unit 3B had been transferred to a general hospital in the week prior to inspection. A member of staff accompanied the resident to the hospital. There was a copy of the referral letter in the clinical file.

Unit O and Unit 8A: Staff accompanied residents on transfer. Relevant 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	MINIMAL COMPLIANCE	NOT COMPLIANT
	X		

Justification for this rating:

Units 3A and 3B: The clinical files of two residents who had been discharged were available for inspection. In the case of one resident, although there was evidence in the clinical file that the discharge had been discussed with the resident and next of kin informed, this was not documented in the individual care plan, as described in the discharge planning section of the Discharge Process of the Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre. In the case of the other resident whose clinical file was seen, this resident did not have a multidisciplinary care plan.

Three clinical files were inspected in Unit O and 8A and it was evident that a discharge pathway was identified from the point of admission and that relevant agencies such as the homeless service were actively involved in discharge planning.

Breach: 34.1, 42.1

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

Description: There were no residents with intellectual disability in the approved centre on the day of inspection.

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
			X

Justification for this rating:

The service had a draft policy on working with people with intellectual disability and mental illness. Training for staff had not taken place, but it was reported that arrangements were being made to facilitate this in the near future.

No resident in Unit O or Unit 8A had an intellectual disability and mental illness.

Breach: 5, 6.1, 6.2

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: Two detained patients were receiving medication for a period longer than three months without consent.

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

Justification for this rating:

Unit 3A: Form 17 had been completed for two patients for the continuation of the administration of medication for the purposes of ameliorating their mental illness.

A number of clinical files of detained residents were inspected in Unit O and in Unit 8A and all were compliant under section 60.

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

Description: As children were not admitted to the approved centre, section 61 did not apply.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

Residents who spoke with the Inspectorate on units 3A and 3B had no complaints regarding their care and treatment. One detained patient on unit O was unhappy to be detained and discussed the process of review by Mental Health Tribunal and legal representation with the Inspectorate and was provided with contact information.

OVERALL CONCLUSIONS

The overall care and treatment of residents in St. Brendan's Hospital was good despite the unsuitability of the building. Plans to build a new facility catering for residents requiring low secure care, rehabilitation and continuing care had reached the tendering stage. The individual care plans were excellent and there was evidence of service user involvement. The presence of a uniformed security guard was counter-therapeutic for all residents on unit O. The approved centre was abiding by the conditions imposed by the Mental Health Commission regarding admissions to the centre. However there was no robust policy on admission of people for respite and in view of the fact that respite admissions were taking place, it is suggested that the service implement such a policy.

RECOMMENDATIONS 2011

1. The approved centre should clarify their policy with regard to respite admissions.
2. The approved transfer to the Central Mental Hospital of a named patient in Unit O, currently under security guard observation, should take place without delay in order to provide appropriate therapeutic care.
3. Medical and nursing staff should ensure that the Seclusion Register and the Clinical Practice Form Book for Physical Restraint are completed as required in all instances and a copy of the form is placed in the individual clinical file.