

## Report of the Inspector of Mental Health Services 2009

|  |   |
|--|---|
| <b>MENTAL HEALTH SERVICE</b>               | HSE West  |
| <b>APPROVED CENTRE</b>                     | St. Brigid's Hospital, Ballinasloe                |
| <b>CATCHMENT AREA</b>                      | Galway East                                       |
| <b>NUMBER OF WARDS</b>                     | 6   |
| <b>NAMES OF UNITS OR WARDS INSPECTED</b>   | Ward 17<br>Ward 19<br>St. Dymphna's<br>St. Luke's |
| <b>TOTAL NUMBER OF BEDS</b>                | 94  |
| <b>CONDITIONS ATTACHED TO REGISTRATION</b> | No  |
| <b>TYPE OF INSPECTION</b>                  | Announced   |
| <b>DATE OF INSPECTION</b>                  | 15 July 2009                                      |

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

**DESCRIPTION**

St. Brigid’s Hospital, Ballinasloe, was an approved centre under the Mental Health Act 2001 and was part of a wider community mental health service. The hospital consisted of three main buildings. The main building at the front of the campus was a grey-bricked pre-Victorian built in 1833 and for the past few years had been used for administration purposes only. At the rear of the campus was the “New Building” opened in 1903, which provided three wards consisting of 53 beds for continuing care residents. Off campus, across the road, was a 1930s structure which also contained three wards consisting of 41 beds which were part of the admission unit.

Four sector teams admitted to the acute admissions unit. The service had two specialist teams: a psychiatry of later life team and a rehabilitation team. Compliance with the Regulations, Rules and Codes of Practice was inspected on Ward 17 and St. Dymphna’s Ward. Two wards, Ward 16 and Ward 21A, had closed.

**DETAILS OF WARDS IN THE APPROVED CENTRE**

| WARD          | NUMBER OF BEDS | NUMBER OF RESIDENTS | TEAM RESPONSIBLE         |
|---------------|----------------|---------------------|--------------------------|
| Ward 17       | 13             | 13                  | Rehabilitation           |
| Ward 19       | 17             | 17                  | Psychiatry of later life |
| Ward 21       | 23             | 22                  | Psychiatry of later life |
| St. Dymphna’s | 20             | 18                  | General adult            |
| Our Lady’s    | 15             | 12                  | General adult            |
| St. Luke’s    | 6              | 8                   | General adult            |

**QUALITY INITIATIVES**

- Appointment of a consultant psychiatrist for psychiatry of later life.
- Ward 21A and Ward 16 had been closed.
- Continuation of policy of discharge of older people to more appropriate settings.
- Establishment of clinical practice group in the acute admissions to develop a generic assessment tool, enhanced documentation and case files.
- Integrated multidisciplinary care planning was being introduced in the admission unit.

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

*1. Integrated multidisciplinary care planning should be introduced as a matter of urgency to the admission unit. All staff should be kept up to date on the issue of multidisciplinary care planning. If necessary they should receive training in how to implement care planning.*

**Outcome:** Integrated multidisciplinary care planning was being introduced in the admission unit. Extensive meetings regarding this had taken place amongst all disciplines. Training had been provided. It was reported that the proposed commencement date was 1 September.

*2. Mandatory staff training must be completed as soon as possible. According to records supplied to the Inspectorate, only 24 of the 245 nursing staff had completed their initial training in management of violence and aggression. A lesser number of staff also require training in cardio-pulmonary resuscitation (CPR), first aid, and manual handling.*

**Outcome:** There was evidence that a full programme had been rolled out and was continuing to be rolled out on mandatory training. Some 83 staff had completed training in management of violence and aggression.

*3. The programme of maintenance and cleaning must be enhanced in Our Lady's Ward.*

**Outcome:** The service had undergone an extensive hygiene audit. Additional attendant staff had been allocated to the Admission Unit. Five times a day cleaning schedules with related signature documentation had been introduced.

*4. There should be multidisciplinary participation in the activity area in the admission block to enhance the programme already offered. This should reflect individual needs of residents identified in care plans.*

**Outcome:** Health professionals from the various disciplines provided limited input on a planned basis.

*5. Some of the units in the continuing care area could benefit from access to enclosed outdoor areas.*

One ward in the continuing care area had access to an enclosed outdoor area. In the two remaining wards, the residents were infirm and it was reported that their potential to use the outdoor space was limited.

*6. The bathroom floor in Unit 17 requires attention. In its current condition it presents a trip hazard.*

**Outcome:** This had been rectified.

*7. Privacy issues on some of the units, arising from observation panels in bedroom doors, should be addressed.*

**Outcome:** This issue had not been addressed.

**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:**

*St. Dymphna's Ward:* The ward had regular staff and all staff knew the patients. Two RPNs administered medication.

*Ward 17:* Residents were known to staff.

**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:**

*St. Dymphna's Ward:* There were two branded water dispenser units and one filtered mains' dispenser unit on the ward. Meals were cooked and prepared in the main hospital kitchen. There was a choice of three hot dishes for the main meal each day. Special dietary requirements were catered for.

*Ward 17:* The ward had a fresh water dispenser. Special diets were catered for.

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

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

**Justification for this rating:**

An Environmental Health Officer's report dated 27 April 2009 was examined.

**Article 7: Clothing**

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

**Justification for this rating:**

*St. Dymphna's Ward:* Night clothes were worn only if this was specified in the resident's clinical file. No resident was in night clothes.

*Ward 17:* Residents wore day clothes. All residents had their own individually labeled clothes.

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

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

**Justification for this rating:**

*St. Dymphna's Ward:* The records in the property book were in triplicate form. Provision was made for the safe keeping of all personal property and possessions.

*Ward 17:* An inventory of residents' property was taken on admission. There was a safe in the ward for storing valuables and money.

The service had written operational policies and procedures.

**Article 9: Recreational Activities**

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

**Justification for this rating:**

*St. Dymphna's Ward:* Most residents attended the activity centre on the first floor above the unit. The Inspectorate examined a full programme of activities.

*Ward 17:* Residents had access to the extensive grounds for walks and a number of residents walked into the town regularly. The ward had a TV set and residents were brought on regular outings in the hospital bus.

**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:**

*St. Dymphna's Ward:* Residents were facilitated as far as was reasonably practicable in the practice of their religion.

*Ward 17:* The Roman Catholic chaplain visited the ward regularly and residents could attend mass in the hospital grounds. Residents had access to chaplains of other faiths as required.

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

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

**Justification for this rating:**

*St. Dymphna's Ward:* Visiting times on the ward were flexible. Visiting was discouraged during meal times. There were a number of quiet areas where visiting could take place.

*Ward 17:* There were not many visitors to residents in this ward. Visitors were accommodated in the foyer area of the ward, which had a comfortable seating area.

The service had written operational policies and procedures for visits.

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

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

**Justification for this rating:**

*St. Dymphna's Ward:* Mobile phones could be retained by residents, having due regard to their well-being and health. There was access to a fax machine.

*Ward 17:* Residents had access to the ward phone. Mail was posted and delivered from the general office.

The service had written operational policies and procedures on communication.

**Article 13: Searches**

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

**Justification for this rating:**

*St. Dymphna's Ward:* Searches were carried out on one resident only, for health and safety reasons.

*Ward 17:* Searches were conducted on occasion, on residents returning from town, with their consent.

The service had written operational policies and procedures that were compliant with this Article.

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

**Justification for this rating:**

*St. Dymphna's Ward:* A single room could be availed of for care of the dying.

*Ward 17:* No deaths had occurred on the ward in the past year, and there were no terminally ill residents.

The service had written operational policies and protocols for care of residents who were dying.

**Article 15: Individual Care Plan**

| LEVEL OF COMPLIANCE           | DESCRIPTION   | 2008     | 2009     |
|-------------------------------|---|----------|----------|
| <b>Fully compliant</b>        | <i>Evidence of full compliance with this Regulation.</i>  |          |          |
| <b>Substantial compliance</b> | <i>Evidence of substantial compliance but improvement needed.</i>                                     |          |          |
| <b>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. Dymphna's Ward:* The service did not have an individual care plan as defined in the regulations. There was evidence of much ground work having been done with regard to in-service development and MDT input with regard to the introduction of such care plans which was scheduled for 1<sup>st</sup> September 2009.

*Ward 17:* Individual multidisciplinary care plans were being drawn up for each resident but not all residents had one as yet. The multidisciplinary team met weekly and residents were seen by the team every two months.

**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>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. Dymphna's Ward:* A full programme of therapeutic activities occurred in the activities centre on the first floor above the admission unit. This was largely carried out by nursing staff with a little input from members of the multidisciplinary team. These therapeutic activities were carried out broadly and were not specific to the resident's care plan.

*Ward 17:* An occupational therapist attended the ward once weekly. One resident attended the training centre.

**Breach:** Article 16 (1)

**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>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:**

*St. Dymphna's Ward:* No child was currently resident. The service had a policy on children's education.

*Ward 17:* Children were not admitted to this ward.

**Article 18: Transfer of Residents**

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

**Justification for this rating:**

The service had a written policy and procedures on the transfer of residents.

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

| LEVEL OF COMPLIANCE           | DESCRIPTION   | 2008     | 2009     |
|-------------------------------|---|----------|----------|
| <b>Fully compliant</b>        | <i>Evidence of full compliance with this Regulation.</i>  |          | <b>X</b> |
| <b>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:**

*St. Dymphna's Ward:* Two clinical files were examined. There was evidence that both residents' general health needs were assessed regularly.

*Ward 17:* A review of a number of residents' files indicated that six-monthly physical examinations, including blood tests and X-rays had been carried out.

The service had written operational policies and procedures for responding to medical emergencies.

**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>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:**

*St. Dymphna's Ward:* Details of the residents' multidisciplinary teams were displayed on a white board. Housekeeping practices, including arrangements for personal property, meal times, visiting times and visiting arrangements were displayed on the ward and also included in an information booklet. Information in written form on diagnoses was provided to each resident upon request. Information on medication, including side effects, was provided by medical and nursing staff.

*Ward 17:* There was a helpful information leaflet available for residents. Written information on diagnoses was available on request. Information about advocacy services was posted on the notice board.

The service had written operational policies and procedures for the provision of information to residents.

**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>Not compliant</b>          | <i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i> | <b>X</b> | <b>X</b> |
| <b>Not inspected</b>          | <i>Inspection did not cover this Article.</i>   |          |          |

**Justification for this rating:**

*St. Dymphna's Ward:* The toilets and shower and bathing areas were very clean and bright. The female toilet doors failed to provide adequate privacy in that they were approximately 170cms in height and had no privacy locks on the inside. The toilet doors in the men's toilet area were somewhat better but also had no privacy locks on the inside. The outside windows of the ward looked out onto car parking areas and areas used by the general public. There was no frosting of the lower panes to ensure adequate privacy.

*Ward 17:* There were no partition screens in the double bedrooms.

**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>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:**

*St. Dymphna's Ward:* The toilet and shower areas, although clean and bright, were in need of upgrading.

*Ward 17:* The ward was bright and had been painted two years ago. The toilets were in need of renovation.

**Breach:** Article 22 (3)

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

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

**Justification for this rating:**

The service had appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines. There was an emergency trolley in Ward 17.

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

**Justification for this rating:**

The service had written operational policies and procedures compliant with this Article.

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

---

CCTV was not used by the service for observation of residents.

**Article 26: Staffing**

| WARD OR UNIT | STAFF TYPE           | DAY | NIGHT |
|--------------|----------------------|-----|-------|
| Ward 17      | Nurse                | 2   | 2     |
|              | Multi-task attendant | 1   | 0     |
| Ward 19      | Nurse                | 3   | 2     |
|              | Multi-task attendant | 2   | 0     |
| St. Dympna's | Nurse                | 4   | 3     |
|              | Multi-task attendant | 3   | 0.5   |
| St. Luke's   | Nurse                | 4   | 3     |
|              | Multi-task attendant | 1   | 0     |

| LEVEL OF COMPLIANCE           | DESCRIPTION   | 2008     | 2009     |
|-------------------------------|---|----------|----------|
| <b>Fully compliant</b>        | <i>Evidence of full compliance with this Regulation.</i>  |          |          |
| <b>Substantial compliance</b> | <i>Evidence of substantial compliance but improvement needed.</i>                                     |          |          |
| <b>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. Dympna's Ward:* There was evidence that staff had access to education and training. Copies of the Act, Rules, Regulations and Codes of Practice were available on the unit.

*Ward 17:* The occupational therapist attended the ward for one session a week.

There was an appropriately qualified staff member on duty at all times in the approved centre. The service had written policies and procedures relating to the recruiting, selection and vetting of staff.

**Breach:** 26(2)

**Article 27: Maintenance of Records.**

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

**Justification for this rating:**

Clinical files were in good order and it was easy to retrieve information from them. Documentation relating to food safety, health and safety and fire inspections was examined. The service had written policies and procedures relating to the creation of, access to, retention of, and destruction of records.

Nursing and medical notes were kept separately, in a single file.

**Article 28: Register of Residents**

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

**Justification for this rating:**

The service was compliant with this Article.

**Article 29: Operating Policies and Procedures**

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

**Justification for this rating:**

The service was compliant with this Article.

**Article 30: Mental Health Tribunals**

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

**Justification for this rating:**

The service was compliant with this Article.

**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>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:**

Notification of the complaints procedure was displayed on the notice board in Ward 17. The nominated person to deal with complaints was located in the Local Health Manager's office, not in the approved centre. No record of complaints was kept on the ward.

**Breach:** 31(4),(6).

**Article 32: Risk Management Procedures**

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

**Justification for this rating:**

A record of incidents was examined by the Inspectorate.

The service had a comprehensive written risk management policy in place.

**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 service was compliant with this Article.

**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 service was compliant with this Article.

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

**SECLUSION**

**Use:** The seclusion facilities were situated in St. Luke's Ward, in the Admission Building. There were two seclusion rooms. One of the seclusion rooms had a bed made up, and it was reported that the room was occasionally used at night to facilitate a separate sleeping area for residents who requested it; this room had a strong smell of urine on the day of inspection. Seclusion was used rarely, most recently in April 2009, and only two residents had been in seclusion in 2009. As no resident currently in St. Luke's Ward had been in seclusion, it was not possible to examine files.

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

**Justification for this rating:**

Both seclusion rooms opened directly onto the main corridor in St. Luke's ward. There were no separate bathroom facilities. There was no sign indicating the use of CCTV in the seclusion rooms. One seclusion room was occasionally used as a bedroom.

**Breach:** Section 7.3, Section 7.5, and Section 11.2 (b).

**ECT (DETAILED PATIENTS)**

**Use:** The ECT suite was a large, bright suite with a waiting room, treatment room and recovery room. ECT was provided three times a week and one patient was receiving ECT on the day of inspection. The service had procured a tipping trolley since the last inspection. The file of the patient receiving ECT was inspected. There was a good information leaflet on ECT and the service had a checklist of issues to be considered prior to any resident receiving treatment. One nurse was a designated ECT nurse and there was a designated consultant for ECT.

| SECTION | DESCRIPTION             | FULLY COMPLIANT | SUBSTANTIALLY COMPLIANT | COMPLIANCE INITIATED | NOT COMPLIANT |
|---------|-------------------------|-----------------|-------------------------|----------------------|---------------|
| 2       | Consent                 | X               |                         |                      |               |
| 3       | Information             | X               |                         |                      |               |
| 4       | Absence of consent      | NOT APPLICABLE  |                         |                      |               |
| 5       | Prescription of ECT     | X               |                         |                      |               |
| 6       | Patient assessment      | X               |                         |                      |               |
| 7       | Anaesthesia             | X               |                         |                      |               |
| 8       | Administration of ECT   | X               |                         |                      |               |
| 9       | ECT Suite               | X               |                         |                      |               |
| 10      | Materials and equipment | X               |                         |                      |               |
| 11      | Staffing                | X               |                         |                      |               |
| 12      | Documentation           | X               |                         |                      |               |
| 13      | ECT during pregnancy    | NOT APPLICABLE  |                         |                      |               |

**Justification for this rating:**

The service was compliant with the Rules relating to ECT.

**MECHANICAL RESTRAINT**

---

Mechanical restraint was not used in this service. It was reported that cot-sides were occasionally used. Cot-sides were not in use on Ward 17 or in St. Luke's Ward.

The service had a policy.

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

**PHYSICAL RESTRAINT**

---

**Use:** One clinical file was examined on St. Dympna's Ward. This resident required physical restraint on three occasions so far in 2009. The clinical practice forms were examined.

| 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:**

In the clinical file examined there was evidence that the next of kin had been informed. A record of staff training in relation to physical restraint was examined. The service was compliant.

**ADMISSION OF CHILDREN**

---

**Description:** No child was currently resident at the approved centre. The clinical file of one former resident who had been admitted this year was examined.

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

**Justification for this rating:**

Age-appropriate facilities were not provided. Training in relation to the care of children was not provided. Age-appropriate advocacy services were not available.

No child should be admitted to adult services.

**Breach:** Section 2.5 (b), Section 2.5 (e), and Section 2.5 (g).

**NOTIFICATION OF DEATHS AND INCIDENT REPORTING**

---

**Description:** The service provided notification of deaths and a six-monthly summary report of incidents to the Mental Health Commission.

| 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:**

Incidents were supplied on the STARS Web tracking system. The service had a policy that was compliant.

**ECT FOR VOLUNTARY PATIENTS**

---

No voluntary patient was receiving ECT at the time of inspection.

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

**SECTION 60 – ADMINISTRATION OF MEDICINE**

---

**Description:** One clinical file on St. Dympna's Ward was examined.

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

**Justification for this rating:**

*St. Dympna's Ward:* The patient had given his written consent to the continuance of medication.

*Ward 17:* There were no detained patients in this ward.

*St. Luke's Ward:* Two patients were detained in St. Luke's Ward for longer than three months. Signed consent for receipt of medication was in the files.

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

---

No child had been admitted under Section 25 so Section 61 did not apply.

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

### **SERVICE USER INTERVIEWS**

No service user asked to speak to the Inspectorate. All residents were greeted by the Inspectorate.

### **OVERALL CONCLUSIONS**

St. Brigid's Hospital provided care to both acute and long-stay residents in buildings which dated back to the early 19th century. However, the service was progressing with its plan of closure of wards and a further two wards had been closed since the last inspection; total bed numbers continued to be reduced. A consultant in psychiatry of later life had been appointed, and approval had been granted for the appointment of a consultant in rehabilitation. Although integrated care plans had not yet been introduced, the implementation of a recovery care plan had been commenced in the long-stay units. Despite the age of the New Building, the premises were in relatively good condition. The reported number of beds in St. Luke's Ward was given as eight, but there were ten beds in the ward on the day of inspection.

### **RECOMMENDATIONS 2009**

1. A consultant in rehabilitation should be appointed.
2. Integrated care plans should be introduced.
3. Input from occupational therapists in the long-stay wards should be increased to enhance the recovery programme for residents.
4. If seclusion continues to be used, consideration should be given to upgrading the facility, perhaps by incorporating the second seclusion room as bathroom facilities for the remaining room.
5. Seclusion rooms should not be used as bedrooms.