

## Report of the Inspector of Mental Health Services 2011

<b>EXECUTIVE CATCHMENT AREA</b>	Galway, Mayo, Roscommon
<b>HSE AREA</b>	West
<b>MENTAL HEALTH SERVICE</b>	East Galway
<b>APPROVED CENTRE</b>	St. Brigid's Hospital, Ballinasloe
<b>NUMBER OF WARDS</b>	3
<b>NAMES OF UNITS OR WARDS INSPECTED</b>	Clonfert St. Dymphna's Ward St. Luke's Ward
<b>TOTAL NUMBER OF BEDS</b>	53
<b>CONDITIONS ATTACHED TO REGISTRATION</b>	No
<b>TYPE OF INSPECTION</b>	Unannounced
<b>DATE OF INSPECTION</b>	30 May 2011

## OVERVIEW

In 2011, the Inspectorate paid particular attention to Articles 15 to 22 and 26 of the Mental Health Act 2001 (Approved Centres) Regulations 2006 and all areas of non-compliance with the Regulations in 2010 and any other Article where applicable.

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

## DESCRIPTION

St. Brigid's Hospital, Ballinasloe, was an approved centre under the Mental Health Act 2001 (the Act), and was part of a wider community mental health service. The approved centre was inspected under section 51(1) of the Act, and as part of a wider Whole Service Evaluation inspection of the Portumna and Loughrea community mental health services.

There were no longer any wards on the main campus of St. Brigid's Hospital that catered for residents in receipt of mental health services. Since last year's inspection, Ward 17, Ward 21 and Our Lady's Ward had closed on the St. Brigid's Hospital campus. Clonfert Community Nursing Unit (CNU) had opened in newly-built premises some two hundred metres from the building in which St. Dympna's Ward and St. Luke's Ward were situated which was on a separate site across the main Ballinasloe to Roscommon road from the St. Brigid's Hospital campus.

St. Dympna's Ward and St. Luke's Ward were acute admission wards housed in a stand-alone facility dating to the 1930s. Both wards were in need of refurbishment. The total number of beds in the approved centre had been reduced from 94 beds in 2009 to 77 beds in 2010 to 53 beds in 2011.

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

COMPLIANCE RATING	2009	2010	2011
Fully Compliant	24	22	28
Substantial Compliance	1	5	3
Minimal Compliance	4	2	0
Not Compliant	1	1	0
Not Applicable	1	1	0

**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
Clonfert	16	16	Psychiatry of Old Age
St. Dymphna's	22	19	General Adult
St. Luke's	15	15	General Adult

**QUALITY INITIATIVES**

- A number of clinical audits had been carried out overseen by the Audit Steering Committee and published in a Journal of Clinical Audit.
- The rehabilitation team was extending its service to community residences and had introduced a new individual care plan.
- Core assessments and individual care plans were used throughout the in-patient and community service.
- The Psychiatry of Old Age team had made plans to reduce the number of beds in Clonfert unit and use the remaining beds to provide a respite service. The proposed bed complement in the long-term is ten, with two respite beds in addition to that. The team also planned to operate a mobile day hospital service.
- All beds in the old psychiatric hospital had now closed. There was an emphasis on providing a community service.

**PROGRESS ON RECOMMENDATIONS IN THE 2010 APPROVED CENTRE REPORT**

1. All residents should have individual care plans as described in the Regulations.

Outcome: All residents had an individual care plan as described in the Regulations.

2. The issues regarding lack of privacy should be addressed immediately.

Outcome: All issues of privacy previously reported had been rectified.

3. Policies and procedures should be developed in order to bring the service into compliance with the Codes of Practice on Admission, Transfer and Discharge to and from an Approved Centre and Guidance for Persons Working in Mental Health Services with People with Intellectual Disabilities.

Outcome: The approved centre was compliant with all policies.

4. A review of medication in continuing care wards should take place.

## Inspectorate of Mental Health Services

Outcome: The continuing care wards had now closed. A number of audits of medication use e.g. lithium, depot medication, clozapine had taken place.

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

**Justification for this rating:**

The inspection of this Article was based on self-assessment.

**Article 5: Food and Nutrition**

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

**Justification for this rating:**

The inspection of this Article was based on self-assessment.

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

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

**Justification for this rating:**

The Report from the Environmental Health Officer dated 5 April 2011 was examined by the Inspectorate and was satisfactory.

**Article 7: Clothing**

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

**Justification for this rating:**

The inspection of this Article was based on self-assessment. On the day of inspection no resident was wearing night clothes during the day.

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

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

**Justification for this rating:**

The inspection of this Article was based on self-assessment. The approved centre had written operational policies and procedures relating to residents' personal property and possessions.

**Article 9: Recreational Activities**

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

**Justification for this rating:**

The inspection of this Article was based on self-assessment.

**Article 10: Religion**

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

**Justification for this rating:**

The inspection of this Article was based on self-assessment.

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

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

**Justification for this rating:**

The inspection of this Article was based on self-assessment. The approved centre had written operational policies and procedures for visits.

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

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

**Justification for this rating:**

The inspection of this Article was based on self-assessment. The approved centre had written operational policies and procedures on communication.

**Article 13: Searches**

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

**Justification for this rating:**

The inspection of this Article was based on self-assessment. The approved centre had written operational policies and procedures on the searching of a resident, his or her belongings and the environment in which he or she was accommodated; for carrying out searches with the consent of a resident and in the absence of such consent; and in relation to the finding of illicit substances.

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

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

**Justification for this rating:**

The inspection of this Article was based on self-assessment. The approved centre had written operational policies and protocols for care of residents who are dying.

**Article 15: Individual Care Plan**

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

**Justification for this rating:**

All residents had an individual care plan as defined in the Regulations. A core assessment was carried out initially. Residents could sign their care plans.

**Article 16: Therapeutic Services and Programmes**

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

**Justification for this rating:**

Each resident had access to an appropriate range of therapeutic services and programmes in accordance with his or her individual care plan. There was an activities centre located away from the admission unit which provided an excellent comprehensive range of therapeutic services and programmes.

**Article 17: Children's Education**

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

**Justification for this rating:**

No child was currently resident in the approved centre. The clinical file of one former child resident was examined by the Inspectorate and was in order.

**Article 18: Transfer of Residents**

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

**Justification for this rating:**

No resident had been transferred to another approved centre. One resident had been transferred from Clonfert unit to a general hospital for health reasons for a short period of time and had since returned. Contact had been made by the treating consultant psychiatrist to the general hospital in the form of telephone communication and a letter. A nursing transfer sheet had also accompanied the resident.

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

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

**Justification for this rating:**

There was evidence upon examination of a sample of clinical files that adequate arrangements were in place for access by residents to general health services and for their referral to health services as required. There was also evidence that each resident's general health needs were assessed regularly as indicated by his or her individual care plan. All residents in the approved centre for a period in excess of six months had six-monthly physical examinations carried out. The approved centre had written operational policies and procedures for responding to medical emergencies.

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

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

**Justification for this rating:**

There was an excellent information booklet on the approved centre that was available to both residents and visitors. This included details of the residents' multidisciplinary team; housekeeping practices including arrangements for personal property, meal times, visiting times and visiting arrangements. Verbal and written information on resident's diagnosis and information on effects and side effects of medication was available. The peer advocate called weekly and details of name of contact and contact details were widely available in the approved centre. The approved centre had written operational policies and procedures for the provision of information to residents.

**Article 21: Privacy**

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

**Justification for this rating:**

All bedrooms of two or more beds had privacy curtains. The glass panels of the doors of the single rooms in St. Luke's ward had occlusive adhesive film or covering fitted. New doors had been fitted to the toilets in St. Dympna's ward.

**Article 22: Premises**

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

**Justification for this rating:**

Ward 17, Ward 21 and Our Lady's Ward had closed. This meant that all buildings in the original St. Brigid's Hospital campus no longer housed residents.

Clonfert was a newly-built, bright unit for the care and treatment of residents under the Psychiatry of Old Age team. Concerns were expressed by the Inspectorate about the small size of the day room, and the fact that the dining room, which might provide a more spacious day area, was only used during mealtimes for the purpose of dining only.

The premises in which St. Dymphna's and St. Luke's Wards were situated was in need of major refurbishment including the showers, bathroom and toilet areas. The shower, bathroom and toilet areas in St. Dymphna's and St. Luke's Wards had several ligature points which were pointed out to the Assistant Director of Nursing (ADON) on the day of inspection.

**Breach:** 22(1)

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

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

**Justification for this rating:**

The inspection of this Article was based on self-assessment. The approved centre had written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

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

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

**Justification for this rating:**

The inspection of this Article was based on self-assessment. The approved centre had written operational policies and procedures relating to the health and safety of residents, staff and visitors. The Safety Statement was examined by the Inspectorate and was satisfactory.

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

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

**Justification for this rating:**

CCTV was used in the seclusion room in St. Luke's Ward. It was used solely for the purposes of observing a resident. It was clearly labelled and evident. The approved centre had a clear written policy and protocols articulating its function in relation to the observation of a resident. It was incapable of recording.

**Article 26: Staffing**

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Clonfert	Nursing	1 CNM2 + 2 RPNs	2
	Health care assistants (HCAs)	2	0.5
St. Dymphna's	Nursing	1 CNM2 + 3 RPNs	3
	HCAs	2	1
St. Luke's	Nursing	1 CNM2 + 4 RPNs	3
	HCAs	2	0

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

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

**Justification for this rating:**

There was no psychologist on the Psychiatry of Old Age team.

There was access to psychology, social work and occupational therapy through the sector teams. There was also access to cognitive behavioural therapy and addiction counselling. Nursing staff were assigned to the activities centre.

**Breach:** 26(2)

**Article 27: Maintenance of Records**

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

**Justification for this rating:**

All clinical files examined were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The approved centre had written policies and procedures relating to the creation of, access to, retention of and destruction of records. Documents in relation to food safety, health and safety were made available to the Inspectorate.

Documents in relation to fire inspections were not available to the Inspectorate on the day of inspection.

**Breach:** 27(3)

**Article 28: Register of Residents**

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

**Justification for this rating:**

The inspection of this Article was based on self-assessment.

**Article 29: Operating policies and procedures**

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

**Justification for this rating:**

All policies were reviewed at least every three years. Policies in relation to the Rules and Codes of Practice were reviewed annually.

**Article 30: Mental Health Tribunals**

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

**Justification for this rating:**

The inspection of this Article was based on self-assessment.

**Article 31: Complaint Procedures**

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

**Justification for this rating:**

The approved centre had written operational policies and procedures relating to the making, handling and investigation of complaints. The complaints procedure was displayed in many prominent areas throughout the approved centre. A nominated person was available in the approved centre to deal with all complaints. The nominated person maintained a record of complaints relating to the approved centre.

**Article 32: Risk Management Procedures**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		<b>X</b>	
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<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 which covered the areas outlined in this Article. A record of incidents was examined by the Inspectorate and was satisfactory. All records were maintained in book form and on the STARSweb system.

**Article 33: Insurance**

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

**Justification for this rating:**

A copy of the approved centre's current insurance certificate was examined by the Inspectorate and was satisfactory.

**Article 34: Certificate of Registration**

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

**Justification for this rating:**

The approved centre's current Certificate of Registration was framed and displayed in a prominent location at the entrance to the approved centre.

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

**SECLUSION**

**Use:** No resident had been secluded in 2011 to the date of inspection. There was a seclusion room in St. Luke's ward.

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

13	Child patients	<b>NOT APPLICABLE</b>			
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**Justification for this rating:**

The seclusion room provided no access to toilet or washing facilities. A number of fittings were of a design that could pose a danger to patient safety. These were relayed to senior nursing management during inspection of the seclusion room. Seclusion rooms were not used as bedrooms. There were plans to improve the standard of the seclusion facilities.

The approved centre had a written policy in relation to the use of seclusion. The training register for staff in relation to seclusion was examined by the Inspectorate and was satisfactory; a record of attendance at training was maintained for all multidisciplinary staff. CCTV was used in the seclusion room and viewing was restricted to designated personnel. The use of CCTV was evident and clearly labelled. CCTV was incapable of recording. There was a clear written policy in relation to the use of CCTV.

**Breach:** 8.1, 8.3.

**ECT (DETAINED PATIENTS)**

**Use:** ECT was administered in the approved centre. No detained patient was currently receiving a programme of ECT.

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

**Justification for this rating:**

In at least two cases, the ECT register had not been completed for the patient on conclusion of a programme of ECT and these copies also had not been filed in the patients' clinical files.

Appropriate information was available to a patient in order to enable him or her to make a decision on consent.

The anaesthetic induction agent was available in the ECT suite but was kept in an unlocked fridge in the waiting area of the ECT suite. Although staff articulated that a nurse always accompanied the patient in the waiting room, and despite there being no breach of Rule 10.8, the Inspectorate made a recommendation that the fridge should be kept in the Treatment Room area of the ECT suite.

**Breach:** 12.1

**MECHANICAL RESTRAINT**

**Use:** Mechanical Restraint was not used in the approved centre. Mechanical restraint under Part 5 of the Rules Governing the Use of Mechanical Means of Bodily Restraint was used in Clonfert.

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

**Justification for this rating:**

Two residents in Clonfert required the use of lap belts for specified periods of the day. This was documented in both residents' individual care plans. The duration of the restraint, the duration of the order and the review date were documented in both cases.

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

**PHYSICAL RESTRAINT**

**Use:** Four residents had been physically restrained in St. Luke's ward in 2011 to the date of inspection. All of these residents had been discharged and the clinical files were not readily available.

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:**

The Clinical Practice Form book was examined by the Inspectorate. The clinical practice form in respect of one discharged resident had not been signed by the consultant psychiatrist responsible for the care and treatment of the resident or by the duty consultant psychiatrist. There was documentary evidence of whether or not the next of kin had been informed. The approved centre had a policy on physical restraint. The training register in relation to training in the prevention and management of violence was examined by the Inspectorate and was satisfactory.

**Breach:** 5.7(c)

**ADMISSION OF CHILDREN**

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**Description:** The approved centre admitted children. No child was currently resident.

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

**Justification for this rating:**

The clinical file of one child who had been admitted earlier in the year was examined. Documentation was in order. However the approved centre was not suitable for the admission of children.

**Breach:** 2.5

**NOTIFICATION OF DEATHS AND INCIDENT REPORTING**

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**Description:** The Mental Health Commission was notified of all deaths and incidents.

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:**

A record of incidents was examined by the Inspectorate and was satisfactory. The approved centre's risk management policy was compliant with Article 32 of the Regulations.

**ECT FOR VOLUNTARY PATIENTS**

**Use:** No voluntary patient was currently receiving a programme of ECT.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
4	Consent	<b>NOT APPLICABLE</b>			
5	Information	<b>X</b>			
6	Prescription of ECT	<b>NOT APPLICABLE</b>			
7	Assessment of voluntary patient	<b>NOT APPLICABLE</b>			
8	Anaesthesia	<b>NOT APPLICABLE</b>			
9	Administration of ECT	<b>NOT APPLICABLE</b>			
10	ECT Suite	<b>X</b>			
11	Materials and equipment	<b>X</b>			
12	Staffing	<b>X</b>			
13	Documentation		<b>X</b>		
14	ECT during pregnancy	<b>NOT APPLICABLE</b>			

**Justification for this rating:**

In at least two cases, the ECT register had not been completed for the patient on conclusion of a programme of ECT and these copies also had not been filed in the patients' clinical files.

Appropriate information was available to a patient in order to enable him or her to make a decision on consent.

The anaesthetic induction agent was available in the ECT suite but was kept in an unlocked fridge in the waiting area of the ECT suite. Although staff articulated that a nurse always accompanied the patient in the waiting room, and despite there being no breach of section 11.8, the Inspectorate made a recommendation that the fridge should be kept in the Treatment Room area of the ECT suite.

**Breach:** 13.1

**ADMISSION, TRANSFER AND DISCHARGE**

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**Description:** The approved centre admitted, discharged and transferred residents.

**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
<b>X</b>			

**Justification for this rating:**

The approved centre had policies on admission, discharge and transfer. There was a comprehensive risk management policy. There was a policy for admission of children. Key working was in operation. There was a policy on personal possessions and admission of people with intellectual disability.

**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
<b>X</b>			

**Justification for this rating:**

There was an excellent core assessment completed on all admissions and each resident had an individual care plan. Where possible referrals were through the sector multidisciplinary team and families were involved where appropriate. Each resident had a key worker. There was an excellent information booklet that complied with Article 20 of the Regulations. The approved centre was compliant with Article 27 on the maintenance of records as with Articles 7 and 8 in respect of personal property and possessions and clothing.

## 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
<b>X</b>			

### Justification for this rating:

No resident had been transferred to another approved centre.

One resident had been transferred from Clonfert unit to a general hospital for health reasons for a short period of time and had since returned. Contact had been made by the treating consultant psychiatrist to the general hospital in the form of telephone communication and a letter. A nursing transfer sheet had also accompanied the resident.

A risk assessment was part of the assessment process and the decision to transfer was made by the consultant psychiatrist. The approved centre was compliant with Article 18 of the Regulations in respect of transfer of residents.

**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
<b>X</b>			

**Justification for this rating:**

Discharge planning took place and there were pre-discharge groups held in the approved centre. The decision to discharge was taken by the multidisciplinary team. Follow-up was to the community mental health team or to the general practitioner (GP). Discharge documentation was sent to the GP and a copy kept in the clinical file. Documentation regarding discharge was excellent.

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

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**Description:** A number of residents had an intellectual disability and mental illness.

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

**Level of compliance:**

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
	<b>X</b>		

**Justification for this rating:**

The approved centre had policies and protocols that contained the principles outlined in the Code of Practice: *Guidance for Persons working in Mental Health Services with People with Intellectual Disabilities*, and in relation to the delivery of person-centred mental health care and treatment planning and staff training.

Education and training had not been made available to staff. A sample of clinical files was examined. All residents had an individual care plan and a key worker. The environment provided opportunities for engagement in meaningful activities.

**Breach:** 6.1

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

**SECTION 60 – ADMINISTRATION OF MEDICINE**

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**Description:** One resident on St. Dympna’s ward had been detained for a period exceeding three months and was receiving medicine for the purpose of ameliorating their mental disorder.

SECTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	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:**

The patient had given consent in writing for the continuation of that treatment.

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

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**Description:** No child had been detained under section 25 of the Act.

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

### **SERVICE USER INTERVIEWS**

A number of residents spoke with the Inspectorate. All stated that they were happy with their level of care and treatment.

### **OVERALL CONCLUSIONS**

The complete closure of the old Victorian St. Brigid's campus was very welcome. The remaining residents were now accommodated in Clonfert, part of a community nursing unit (CNU), in much improved surroundings. However the lack of living and activity areas in Clonfert was of some concern.

The standard of care and treatment in all units was high. Each resident had a comprehensive core assessment and individual care plan. There was an excellent nurse-run spacious activity area. Having inspected other aspects of the service the inspectorate was impressed with the seamless integrated manner in which both the community, rehabilitation, psychiatry of old age and in-patient service was managed and operated. Service user involvement throughout the service was high.

### **RECOMMENDATIONS 2011**

1. A ligature audit should be carried out on St. Dymphna's and St. Luke's Wards.
2. The anaesthetic induction agent for ECT should be kept in a fridge in the Treatment Room area of the ECT suite.
3. Consultant psychiatrists must complete the ECT Register and the Clinical Practice Forms for Physical Restraint in a timely manner.