

Report of the Inspector of Mental Health Services 2009

MENTAL HEALTH SERVICE	HSE South
APPROVED CENTRE	St Dymphna's Hospital
CATCHMENT AREA	Carlow/Kilkenny
NUMBER OF WARDS	2
NAMES OF UNITS OR WARDS INSPECTED	St. Mary's Ward St. Patrick's Ward
TOTAL NUMBER OF BEDS	36
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	18 June 2009

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

DESCRIPTION

St. Dymphna's Hospital was a large Victorian institution situated in extensive grounds in Carlow town. Since the closure of many of its wards, a large part of the hospital was now given over to community services, such as dental and eye clinics. With the closure of St. Anne's Ward in 2008, only two wards remained open. These wards provided continuing care to the residents and were under the care of a rehabilitation consultant. There were further closure plans and it was expected that St. Mary's Ward would be closed, and its residents accommodated in appropriate nursing homes, by the end of 2009. There were 27 residents in the hospital on the day of inspection aged 32–79 years and none of these residents were detained.

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
St. Mary's Ward	18	14	Psychiatry of later life
St. Patrick's Ward	18	13	Rehabilitation

QUALITY INITIATIVES

- St. Anne's Ward was closed in February 2009 and its residents transferred to new accommodation in Kelvin Court, in the grounds of the hospital. This was a development of four purpose-built houses, three of which accommodated five residents, and one for two residents.
- The activation unit at Kelvin Court offered activities therapy to all residents of Kelvin Court and residents of St. Dymphna's.
- Individual care plans had been introduced for all residents.
- Three nursing staff in Tullow had been linked to the primary care teams and it was reported that this had resulted in a drop in the admission rate.
- A room had been developed as a hair salon and a hairdresser attended the service for people who couldn't leave the premises.
- The service had produced 16 information leaflets for residents, carers and families.
- A modified Sainsbury Centre for Mental Health risk assessment had been introduced.
- A multidisciplinary team care plan audit completed in February 2009 looked at 50 per cent of the care plans.

PROGRESS ON RECOMMENDATIONS IN THE 2008 APPROVED CENTRE REPORT

1. Individual care plans for each resident must be introduced.

Outcome: All the residents had an individual care plan.

2. Therapeutic services and programmes based on assessed need must be provided for residents in accordance with their individual care plans.

Outcome: Therapeutic services for residents could now be provided in the activities centre in Kelvin Court.

3. Residents must be provided with information in an understandable form and language.

Outcome: Leaflets developed for residents gave information on diagnoses and medications. These were well presented and accessible. Residents had been given individual leaflets informing them who their team members were. In addition, the service was introducing the ORCHID system to give information on illnesses and diagnoses. This gave access to a large number of websites containing relevant information and was in operation in St. Luke's Hospital in Kilkenny and was due to be introduced in St. Dymphna's soon.

4. Funding should be made available for dedicated health and social care professionals on the teams to enhance the quality of care and treatment to residents.

Outcome: No additional health or social care staff had been recruited.

5. There is a need for a fully resourced multidisciplinary team rehabilitation service.

Outcome: A consultant in rehabilitation had been appointed, along with one NCHD, but the service still lacked a psychologist, occupational therapist and social worker.

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

Justification for this rating:

An appropriate policy with a review date was in place. Photo identification was used on charts and card index files.

Article 5: Food and Nutrition

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

Justification for this rating:

Food was prepared in Sacred Heart Hospital on campus and delivered to the wards.

Article 6 (1-2) Food Safety

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

Justification for this rating:

There was a food safety report from April 2009 which indicated a number of areas which needed attention. Food preparation and equipment were Hazard Analysis and Critical Control Points (HACCP) compliant.

Breach: Article 6 (2)

Article 7: Clothing

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

Justification for this rating:

The service had a policy on the use of night clothes during the day. All residents were dressed in day clothes on the day of inspection.

Article 8: Residents' Personal Property and Possessions

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

Justification for this rating:

There was a policy on residents' property but this policy did not have a renewal date. Following factual corrections received from the service, this policy now had a review date of August 2010.

Article 9: Recreational Activities

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

Justification for this rating:

Residents were encouraged in self-grooming, a beauty salon was available. Social outings and board games, as well as TV and videos, were facilitated. In addition the Castle activation centre was opened in February 2009 and was providing a range of activities for residents who attended.

Article 10: Religion

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

Justification for this rating:

Clients could attend Roman Catholic and Church of Ireland religious services locally. A system was in place for contacting clergy of other religions as required.

Article 11 (1-6): Visits

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

Justification for this rating:

There was a policy in place relating to visits. A visiting room was available.

Article 12 (1-4): Communication

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

Justification for this rating:

The service had a policy on communication. Public telephones were available. Hands-free units were available on the ward. Many residents had their own mobile phones.

Article 13: Searches

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

Justification for this rating:

There was a policy on searching of residents. The service also had a policy on the finding of illicit substances. Staff informed the Inspectorate team that searches were rare on the wards.

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

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

Justification for this rating:

A policy on the care of the dying was in place. The service had access to a home care team when necessary.

Article 15: Individual Care Plan

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

Justification for this rating:

Multidisciplinary care plans were in place.

Article 16: Therapeutic Services and Programmes

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

Justification for this rating:

The purpose-built Castle activation centre opened in February 2009. When fully functioning, the centre was due to provide a range of therapeutic activities on an individualised basis to residents who attended. A CNS provided a service to patients in the ward who didn't attend the Castle centre. A dedicated occupational therapist was available on a part-time basis for each sector. In addition, a supported training service was available for those who needed it. The activities needed to be linked to the care plans. Following receipt of factual corrections from the service, it was reported that the multidisciplinary care plans now reflected the residents' activity programme.

Article 17: Children's Education.

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

Justification for this rating:

The service did not admit children and there were no policies relating to children, or their education. The service needed to have a policy specific to St. Dymphna's Hospital. Following the inspection, the Inspectorate was informed that the service now had a policy that stated that children were not admitted to the approved centre.

Article 18: Transfer of Residents

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

Justification for this rating:

The service had a policy on the transfer of residents to other hospitals or units.

Article 19 (1-2): General Health

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

Justification for this rating:

There was a policy on responding to medical emergencies. The files of residents examined indicated that six-monthly physical examinations had been carried out. The service had access to community physiotherapist as required and a GP was on call after 6pm and at weekends. The service had access to national screening programmes.

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

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

Justification for this rating:

The service had a policy on provision of information to residents. Notice boards were on the walls in both wards, containing information on the advocacy service and complaints procedure. Information was available in the files identifying relevant members of the team and how they could be accessed. A patient advice leaflet had been introduced, containing information on medication and was made available in the resident's file. The ORCHID information system with access to about 50 relevant web sites was due to be made available to residents soon. The service had access to a representative of the Irish Advocacy Network who visited the hospital regularly.

Article 21: Privacy

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

Justification for this rating:

An appropriate policy was in place. Each bed was provided with curtains for privacy and residents had their own wardrobes. However, in St. Patrick's Ward the lower part of the windows needed to be frosted to provide more privacy. Following the factual corrections from the service to the report, it was reported that the lower parts of the windows in St. Patrick's Ward had been frosted to provide privacy for residents.

Article 22: Premises

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

Justification for this rating:

Although these premises were 175 years old, they were clean and bright in appearance. Furnishings were appropriate. However, the bathroom and shower area in St. Patrick's Ward was in poor condition, however, due to condensation. There was evidence of dampness in the main living area.

Breach: Article 22 (1)(c)

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

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

Justification for this rating:

There was a medicines policy in place.

Article 24 (1-2): Health and Safety

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

Justification for this rating:

The service had a policy in place regarding the health and safety of residents, staff and visitors. Risk assessments were carried out in each unit.

Article 25: Use of Closed Circuit Television (CCTV)

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

Justification for this rating:

The service had a policy in place relating to the use of CCTV, which was not use internally.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY		NIGHT
St.Mary's	Nurse Health care assistant Housekeeping	8.5	3.75 3.1	4
St. Patrick's	Nurse Health care assistant Housekeeping		5.5 3.75 3.1	4

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

Justification for this rating:

There was a policy in place regarding recruitment, selection and vetting of staff. The approved centre had access to the team social worker, an occupational therapist and a part-time psychologist on the community mental health teams. However, the rehabilitation team had no dedicated social worker or psychologist.

Breach: Article 26 (2)

Article 27: Maintenance of Records

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

Justification for this rating:

There was a policy in place regarding records. Most of the files inspected were in good order. However, one file did not comply with the Regulations.

Breach: Article 27 (1)

Article 28: Register of Residents

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

Justification for this rating:

The register of residents contained all the information required.

Article 29: Operating Policies and Procedures

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

Justification for this rating:

A multidisciplinary policy group reviewed policies fortnightly. However, review dates were missing from some policies. The Inspectorate was informed, following factual corrections from the service, that all policies now had review dates.

Article 30: Mental Health Tribunals

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

Justification for this rating:

The unit did not have any detained patients.

Article 31: Complaint Procedures

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

Justification for this rating:

There was a complaints procedure in place. A record of complaints was kept and was seen by the Inspectorate team on the day of inspection. The service had a system in place for dealing with complaints and it kept a record of who dealt with each complaint and details of its resolution. The information leaflet given to residents outlined the complaints procedure.

Article 32: Risk Management Procedures

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

Justification for this rating:

The service had a policy on risk management, but it was not dated. A record was kept of incidents and this was reviewed regularly. A risk assessment form was in place.

Breach: Article 32 (1)

Article 33: Insurance

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

Justification for this rating:

The service had an up-to-date insurance policy.

Article 34: Certificate of Registration

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

Justification for this rating:

The certificate of registration was displayed in the entrance hall.

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

SECLUSION

Seclusion was not used in St.Dympna's. However, the service had a policy covering its use. Following factual corrections from the service, the Inspectorate was informed that the policy now stated that the approved centre did not use seclusion.

ECT (DETAINED PATIENTS)

ECT was not carried out in St. Dymphna's Hospital. Patients who required ECT were transferred and admitted to St. Luke's Hospital in Kilkenny. The service continued to have a policy governing the use of ECT. Following factual corrections from the service, this policy was amended to indicate that ECT was not used in the approved centre.

MECHANICAL RESTRAINT

Use: The only mechanical restraint used in the unit relates to the use of mechanical restraint for enduring self-harming behaviour. There was a full policy on mechanical restraint.

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

Justification for this rating:

Two files of residents who were mechanically restrained by means of cot-sides and chair were inspected. Both files were in order. The type of restraint used was described and its duration stated. A review date was noted in the file.

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

PHYSICAL RESTRAINT

Physical restraint was not in use in the approved centre on the day of inspection. Physical restraint had not been used, but the service had a full policy on it. The policy was retained in the event that physical restraint was required in the future.

ADMISSION OF CHILDREN

Children were not admitted to this unit.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: The service was compliant with the Code of Practice in relation to death and incident reporting.

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:

The service had a policy in place regarding risk management, which included identification of risk. There was an incident reporting form and the service reported incidents on a six-monthly basis.

ECT FOR VOLUNTARY PATIENTS

ECT was not used in St. Dymphna's Hospital. Residents who required ECT were transferred to the Department of Psychiatry in St. Luke's Hospital in Kilkenny.

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

SECTION 60 – ADMINISTRATION OF MEDICINE

As there were no detained patients in the approved centre on the day of inspection, Section 60 did not apply.

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

Section 61 did not apply as no child had been admitted under Section 25.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

Residents were greeted as the Inspectorate team went around the hospital and they were invited to speak with them at a later time. One resident asked to speak with the team later, but the resident had left the hospital when the Inspectorate team became available to see him.

OVERALL CONCLUSIONS

St. Dymphna's Hospital was a large psychiatric institution which now had only two wards open. The service had been successful in relocating a significant number of its residents to more suitable accommodation, in particular with the move of the residents with intellectual disability to Kelvin Court. A programme of assessment of residents in St Mary's Ward was under way with a view to relocating its residents by the end of 2009. Individual care plans had been introduced for all residents, but the lack of a full rehabilitation team was limiting their effectiveness. Considerable attention had been given to the production of information leaflets for residents on medication and diagnoses.

A number of residents, particularly in St. Patrick's Ward, spent the greater part of the day outside the hospital, either with friends or family. Whilst it was encouraging to see the involvement of families in the care of residents, the question must arise as to the merits of continuing in-patient care for some of these residents in a psychiatric hospital. It would appear that the residents in question would be more appropriately placed in supervised residences in the community.

The number of residents who can be accommodated had been reduced from 55 in 2008 to 36 in 2009 following the transfer of residents to Kelvin Court; however, the approved centre was still registered as being able to accommodate 69 patients.

RECOMMENDATIONS 2009

1. The rehabilitation team must be resourced to enable the staffing of a full multidisciplinary team.
2. Therapeutic activities should be linked to residents' care plans.
3. Privacy for residents in St. Patrick's Ward should be enhanced by obscuring the lower part of the windows in the bedroom areas that look out on the main grounds of the hospital.
4. A number of maintenance issues need to be addressed in St. Patrick's Ward.
5. The service should advise the Mental Health Commission of the correct number of patients who can be accommodated in the approved centre. (Following receipt of the factual corrections from the service, it was confirmed that the correct number of residents who can be accommodated in the approved centre was 36.)