

Report of the Inspector of Mental Health Services 2009

MENTAL HEALTH SERVICE	HSE Dublin North East
APPROVED CENTRE	St. Ita's Hospital Mental Health Services
CATCHMENT AREA	Dublin North
NUMBER OF WARDS	7
NAMES OF UNITS OR WARDS INSPECTED	Acute Unit Male Acute Unit Female Unit 1 Male Unit 1 Female Unit 9 Willowbrook Woodview
TOTAL NUMBER OF BEDS	125
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Announced
DATE OF INSPECTION	25 August 2009

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

DESCRIPTION

St Ita's Hospital was a large old psychiatric hospital, situated in extensive grounds in North County Dublin. There were seven wards in the hospital complex with 125 residents, 77 of whom were long stay. The catchment area has a population of 225,145, in seven sectors. The conditions in the hospital were extremely poor and this had been highlighted in previous Inspectorate reports.

The admission wards were located in the hospital campus. They had two large unsuitable dormitories, toilets that lacked privacy, and showers that had mould and staining. For the past twenty years there had been numerous plans to relocate the admission service to Beaumont Hospital but this had never been achieved. The need for new admission accommodation in Beaumont Hospital remained but little had been done to achieve this to date in 2009.

There had been an improvement in the care and treatment of residents – the majority of residents had a care plan, there were therapeutic activities and the monitoring of general health of residents had improved. It was unclear why one sector had refused to implement care plans and this breach of the Regulations needed to be addressed.

The future of the hospital and its long-stay population remained unclear. Any plans regarding the sale or future use of the hospital and the development of community facilities for the remaining in-patient population had not come to fruition. In the meantime, 125 people lived in sub-standard accommodation and the admission units remained unfit for purpose.

Compliance with the Regulations, Rules and Codes of Practice was inspected in full on two units: Acute Unit Female (AUF) and Unit 1 Male. The remaining units were inspected for compliance with a number of Articles, including Article 21 (Privacy) and Article 22 (Premises).

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Acute Unit Male (AUM)	24	24	General adult
Acute Unit Female (AUF)	24	24	General adult
Willowbrook	15	15	Rehabilitation
Woodview	14	14	Rehabilitation
Unit 1 Male	13	13	Psychiatry of later life
Unit 1 Female	20	20	Psychiatry of later life
Unit 9	15	15	Psychiatry of later life

QUALITY INITIATIVES

- All staff had received training in integrated care planning.
- There was a new group room in the admission unit.
- A mindfulness group was due to start in the admission unit.
- There was a therapeutic activities group involving Willowbrook and St. Camillus activation centre

- Dementia training was due to start in September 2009.
- Additional multidisciplinary staff had been acquired: occupational therapist, social worker, psychologist and medical staff.

PROGRESS ON RECOMMENDATIONS IN THE 2008 APPROVED CENTRE REPORT

1. The privacy and dignity of all residents must be upheld and breaches must be rectified immediately.

Outcome: While curtains were provided around beds in Woodview, there were outstanding privacy issues in the toilets in the admission units.

2. Each resident must have a care plan as defined in the Regulations.

Outcome: Apart from one sector, all residents had an individual care plan.

3. Each resident must have access to a range of therapeutic services and programmes based on assessed need.

Outcome: This had been achieved.

4. An audit system must be put in place to ensure each resident has a six-monthly physical examination.

Outcome: A system was in place that ensured that all six-monthly physical examinations were completed. A new template for the examinations was in place.

5. The residents in the elderly admissions ward must have access to the garden.

Outcome: This had not been achieved.

6. There must be an appropriate range and mix of clinical staff available to residents of the hospital, based on assessed need.

Outcome: The situation had been approved with the appointment of new staff.

7. Funding must be provided for clerical staff to keep all records up to date.

Outcome: All records were now up to date.

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

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

Article 4: Identification of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	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:

AUF: There was a system of self-staffing in place. All nurses knew the residents individually. Residents were also offered wrist bands to wear but not all residents complied. Two RPNs administered medication.

Unit 1 Male and Unit 9: Photographic I.D. was used on each resident's medication kardex.

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:

AUF: A fresh supply of drinking water was available. There was a good choice of food for all three main meals. Special dietary requirements were catered for. A process of consultation with residents had begun in order to change the meal schedule to more suitable times to facilitate the needs of residents.

Unit 1 Male, Female 1, Unit 9, and Willowbrook: There was a good choice of food for all three main meals.

Article 6 (1-2) Food Safety

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 food safety report was inspected.

Article 7: Clothing

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:

AUF: No resident was wearing night clothes during the day. An adequate supply of clothing was available, with relatives facilitating the provision of such clothing when need arose.

Unit 1 Male, Unit 1 Female, Unit 9, and Willowbrook: No resident was wearing night clothes during the day. An adequate supply of clothing was available.

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:

The centre had a policy on residents' property and possessions.

AUF: A record was maintained of each resident's personal property and possessions. Provision was made for the safe keeping of all personal property and possessions.

Unit 1 Male, Unit 1 Female, and Unit 9: A record was maintained of each resident's personal property and possessions.

Article 9: Recreational Activities

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:

AUF: St. Camillus' Activity Centre was accessible for all during the day. There were two TV rooms on the unit. A radio and a DVD player were also available. Residents had the opportunity to take walks around the extensive grounds, whether accompanied or unaccompanied. Accompanied walks to the beach for picnics were also carried out. Quiz sessions were also held. An art therapist came to the unit each Friday to facilitate art.

Unit 1 Male, Unit 1 Female, and Unit 9: Residents had access to a range of activities during the day. There was no access to an outside garden from these units.

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:

There was a policy on facilitating residents in the practice of religion. All residents were facilitated in the practice of their religion as far as was reasonably practicable.

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:

The approved centre had a policy on visits.

AUF: Visiting times were from 1400h to 1700h and from 1800h to 2000h. Outside of this it was reported that visiting times were flexible within reason. Child visitors had to be accompanied by a responsible adult. A dedicated visiting room was available.

Unit 1 Male, Unit 1 Female, Unit 9, and Willowbrook: Visiting times were from 1400h to 1700h but outside these hours visiting was flexible except during meal times.

Article 12 (1-4): Communication

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 written policy and procedures on communication for residents.

AUF: There was a public telephone on the unit. Residents could also avail of the unit's telephone. Mobile phones could be retained by residents. Supervised access to a fax machine and email facilities were available to residents on request.

Unit 1 Male, Unit 1 Female, Unit 9, and Willowbrook: Residents had access to the telephone on the ward or office phone.

Article 13: Searches

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 conducting searches, both with and without consent. There was a separate policy on the finding of illicit substances with a review date of June 2011.

AUF: Searches were a rare occurrence but only took place following discussion between members of the MDT.

Unit 1 Male, Unit 1 Female, Unit 9, and Willowbrook: Searches were undertaken only for the purpose of maintaining a safe environment for residents. No searches had been carried out in 2009.

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:

There was a policy on care of residents who were dying. The service was compliant.

Article 15: Individual Care Plan

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

Justification for this rating:

AUF and AUM: One sector had not implemented care planning. In all other sectors there was evidence of individual care plans.

Woodview: All residents had individual care plans.

Unit 1 Male, Unit 1 Female, Unit 9, and Willowbrook: All residents had an individual care plan.

Breach: Article 15

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:

Therapeutic activities were linked to the care plan in place. There was a referral form and evidence that occupational therapy assessments took place.

Article 17: Children's Education

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 approved centre had a policy on facilitating education for children admitted. One child had been admitted to the approved centre to date in 2009. The child's stay was of short duration and clinical needs took precedence over the child's education needs. However, the service demonstrated its compliance with this Article.

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 between approved centres and to a general hospital. The units demonstrated their compliance with this Article.

Article 19 (1-2): General Health

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:

All six-monthly physical examinations were completed. There was an excellent template and a system in place to monitor the reviews. The service had a written policy on responding to medical emergencies.

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:

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

Details of each resident's multidisciplinary team were available. Details of housekeeping practices, including arrangements for personal property, meal times, visiting times and visiting arrangements, were available. Written information on a resident's diagnoses was available. Details of the relevant advocacy service were displayed. The advocate visited once a week. Information on medication, including side effects, was discussed on a one-to-one basis or in the activity centre. An Interpreter service was available.

Article 21: Privacy

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:

AUF and AUM: It was possible to see through the frosted glass on the toilet doors. The doors and walls were only 5 feet high and there were no locks on the doors.

Woodview: There were now curtains around each bed.

Unit 1 Female: The 2-bed cubicles in this ward had no curtains to provide privacy. A number of commodes were placed at the bedsides of residents, which in the view of the Inspectorate, was inappropriate and unhygienic.

Willowbrook : One of the two female toilets in this unit had only a half-door that did not afford sufficient privacy.

Unit 1 Male: The bed area in the middle of the ward had a glass partition between the beds with no curtains and this did not provide privacy for the resident.

Breach: Article 21

Article 22: Premises

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

Justification for this rating:

Unit 9: There were two single rooms in use in the ward. These were extremely small and did not permit any furniture other than a bed. One of the rooms had a strong odour. The fire exit door had gaps at the top and bottom that exposed the bed areas to cold draughts. The bedroom area appeared bleak and dark and the toilet area smelled of urine and appeared dirty. There were commodes at the residents' bedsides during the day, which was unhygienic.

AUF and AUM: The admission units were drab. There were two large dormitories. Paint was peeling in the corridors. The showers had mould on the walls and the floors were stained. There was a smell of urine in the corridor and in the male toilets. There was no seat in one female toilet. One bedside table was broken. There were ligature points in the showers and bathrooms.

Woodview: The ramp to the front door was unfinished and constituted a hazard. The floor tiles in all toilet areas needed to be replaced. The footpath ended abruptly outside the unit and for safety reasons needed to be extended to the road and also extended to link both front doors of the unit.

Unit 1 Male: There was paint peeling off the walls and the doors and skirting boards were chipped and dirty. Commodes were kept at the residents' bedsides during the day, which was unhygienic.

Unit 1 Female: There were commodes at the residents' bedsides during the day, which was unhygienic.

Breach: Article 22 (1)(a), Article 22 (1)(b), and Article 22 (3).

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:

The service had a policy on ordering, prescribing, storing and administration of medications.

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	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 an up-to-date written policy on health and safety.

Breach: Article 24 (1)

Article 25: Use of Closed Circuit Television (CCTV)

EVEL 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:

There was a policy on the use of CCTV in relation to observation of residents.

AUF and AUM: CCTV was used for the observation of residents in four rooms: the single room and the seclusion room on each of the units. CCTV was incapable of recording and storing images. The monitor was visible to staff only. Use of CCTV was clearly labeled and evident. The existence and usage of CCTV was disclosed to the Inspectorate.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Acute Unit Male	CNM3	0.5	0
	CNM2	1	0
	CNM1	1	0
	Staff nurse	3	3
Acute Unit Female	CNM3	0.5	0
	CNM2	1	0
	CNM1	1	0
	Staff nurse	3	3
Willowbrook	CNM2	1	0
	Staff nurse	3	2
	Attendants	1	0
Woodview	CNM2	1	0
	Staff nurse	2	1
	Attendant	1	1
Unit 1 Male	CNM1	1	0
	Staff nurse	2	2
	Attendant	1	1
Unit 1 Female	CNM1	1	0
	Staff nurse	3	1
	Attendant	1	1
Unit 9	CNM2	1	0
	Staff nurse	2	1
	Attendant	1	1

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

Justification for this rating:

The HSE policy on recruitment, selection and the vetting of staff applied at the approved centre.

The skill mix of staff was not appropriate to the assessed needs of residents, the size and layout of the approved centre.

There was evidence that extensive in-service training on individual care plans had taken place. A programme of education on cardio-pulmonary resuscitation (CPR), manual handling and crisis prevention intervention (CPI) was ongoing.

An appropriately qualified staff member was on duty at the approved centre at all times.

Copies of the Act, Regulations, Rules and Codes of Practice were available.

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:

The service had a policy on maintenance of records. Information was easy to retrieve from all clinical files examined. The food safety report and the certificate of fire testing for March 2009 were examined. The service did not have a fire safety inspection report for 2009.

Breach: Article 27 (3)

Article 28: Register 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>		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 approved centre kept a register of residents that included the information required in Schedule 1, with the exception of recording of the resident's PPS number in a number of cases.

Breach: Article 28 (2)

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:

The approved centre had no policies in relation to health and safety, recruitment of staff, and ECT. The policy in relation to finding of illicit substances was dated 2006.

Article 30: Mental Health Tribunals

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 was compliant with this Article on the day of inspection.

Article 31: Complaint 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:

The hospital manager was the nominated person to deal with complaints in the approved centre. There was a policy in relation to making complaints.

Article 32: Risk Management 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:

The service had a policy on risk management and policies on management of residents who self-harm, or who engage in assaults.

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 approved centre 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	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 was compliant.

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

SECLUSION

Use: Seclusion was used in the approved centre.

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

Justification for this rating:

The seclusion register was signed and up to date. The episode of seclusion was documented in the resident's clinical file. There was no record as to whether the resident's next of kin was informed or whether the resident had an opportunity to discuss the seclusion episode with the multidisciplinary team. Staff were trained in crisis prevention intervention (CPI). There was a policy on seclusion in place and there was a written record that staff had read and understood the policy. CCTV was clearly labeled. The facilities were satisfactory.

Breach: Section 2.10 and Section 6.3.

ECT (DETAINED PATIENTS)

ECT was not provided in the approved centre and no residents were receiving ECT in an external hospital on the day of inspection.

MECHANICAL RESTRAINT

Use: Where mechanical means of bodily restraint for enduring self harming behaviour was used, it was clearly documented in the resident's clinical notes.

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:

AUF and AUM, Woodview, Willowbrook: Mechanical restraint was not used in these units.

Unit 1 Male, Unit 1 Female, Unit 9: Mechanical means of bodily restraint for enduring self-harming behaviour were used and clearly documented in the resident's clinical notes.

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

PHYSICAL RESTRAINT

Use: No resident in the unit had been physically restrained.

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	NOT APPLICABLE			
6	Clinical governance	X			
7	Staff training	X			
8	Child residents	NOT APPLICABLE			

Justification for this rating:

The clinical practice forms for physical restraint were correct, signed and up-to-date. There was a policy on physical restraint. Staff had received training in crisis prevention intervention (CPI), and there was a written record that staff had read and understood the policy on physical restraint.

ADMISSION OF CHILDREN

Description: One child had been admitted in 2009.

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

Justification for this rating:

The unit was not suitable for the admission of children. One child aged 16 years had been admitted in 2009 for a period of ten days before being transferred to the Adolescent Unit at St. Vincent's Hospital.

Breach: Section 2.5

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: Incidents and deaths were recorded and reviewed.

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:

There was a risk management policy.

ECT FOR VOLUNTARY PATIENTS

ECT was not provided in the approved centre and no residents were receiving ECT in an external hospital on the day of inspection.

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

SECTION 60 – ADMINISTRATION OF MEDICINE

As there were no patients receiving medication who had been detained for longer than three months 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

Two service users agreed to talk to the Inspectorate. One complained that the admission unit was hot and stuffy and had poor ventilation. This service user also said that the occupational therapy area was crowded. Both service users stated that the nursing staff were excellent and that the food was very good.

OVERALL CONCLUSIONS

It was encouraging to see individual care plans implemented in all but the Kilbarrack East sector. There appeared to be a lack of understanding by that sector that individual care plans were required under the Regulations for Approved Centres 2006 which is a Statutory Instrument under the Mental Health Act 2001. The care plans that were in operation were excellent, and demonstrated that staff were engaged in the process. It also demonstrated the usefulness of training in integrated care planning. An excellent physical examination template was used and had resulted in all physical examinations being up to date. The commitment to improving the care and treatment for residents was evident.

It is difficult to convey the extent of dilapidation of the St. Ita's Hospital building. Long corridors in poor conditions, toilets with no privacy, paint peeling, mould in showers, broken furniture, ill-fitting doors, cramped dormitories, the smell of urine, poor ventilation and a bare drab environment were clearly evident. It appears that there was no funding to rectify the poor sanitary conditions in some wards. It should be acknowledged that people live in these appalling conditions and that there were little or no plans evident to rectify the situation.

RECOMMENDATIONS 2009

1. Kilbarrack East sector must implement individual care plans as a matter of urgency.
2. A solution to the extremely poor conditions in the hospital must be found immediately.
3. The lack of accessible outside garden area space should be addressed.
4. The unit was not suitable for the admission and treatment of children.
5. All bedroom areas should be reviewed and action taken to ensure privacy for all residents.