

Report of the Inspector of Mental Health Services 2010

EXECUTIVE CATCHMENT AREA	North Dublin
HSE AREA	North East
CATCHMENT AREA	North Dublin
MENTAL HEALTH SERVICE	North Dublin Mental Health Service
APPROVED CENTRE	St. Ita's Hospital - Mental Health Services
NUMBER OF WARDS	7
NAMES OF UNITS OR WARDS INSPECTED	Female Admissions Male Admissions Unit 1 Female Unit 1 Male Unit 9 Woodview (Unit 8) Willbrook
TOTAL NUMBER OF BEDS	122
CONDITIONS ATTACHED TO REGISTRATION	Yes
TYPE OF INSPECTION	Announced
DATE OF INSPECTION	14 July 2010

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

INTRODUCTION

In 2010, 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 2009 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 2009. Information was gathered from self-assessments, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

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 122 beds and 107 residents present on the day of inspection. There had been some reconfiguration of beds since 2009 resulting in an overall reduction from 125 to 122 beds. The conditions of the hospital were extremely poor and this had been highlighted in previous Inspectorate reports.

The adjoining male and female admission wards provided dormitory accommodation redolent of an institutional warehousing era. The environment was hot and stuffy, with markedly limited areas for congregation, relaxation or a quiet space. This was all the more apparent because the bedrooms and dormitories were locked from 1000h to 1700h hours and residents had no access during these times. At the time of inspection, a significant number of residents were either sitting watching television or in the smoking gazebo in the garden space. At this time also, one resident was sleeping in the high observation area and staff reported that this was for the purpose of having some personal space. The community areas within the units were sparse in terms of recreational materials and opportunities. The admission wards had 24 beds each with four residents detained in each on the day of inspection.

Units 9, Unit 1 Female and Unit 1 Male provided for residents under the care of the psychiatry of old age team. These units were in extremely poor condition and the environment was impoverished, despite the efforts of staff to brighten and personalise the day and bedroom areas. Despite the poor physical environment it was encouraging to see the ongoing developments in the standard of care and treatment that was provided.

Willowbrook, the intensive rehabilitation unit, was located on the ground floor of one of the old buildings. This locked unit provided intensive rehabilitation care for 15 residents, 10 male and five female. Accommodation comprised some single rooms but was predominantly in dormitory format. There was an attractive well tended garden space, two day rooms with televisions, reading material and two computers. The smoking area, well-populated with residents, was a depressing dilapidated eyesore.

Woodview unit had been moved two weeks prior to the inspection to Unit 8 due to a collapsed ceiling. Although the move was temporary until repairs had been completed, which was expected to last approximately eight weeks, the feedback from the residents regarding the move was positive due to the unit being situated on the ground floor, more space being available on the unit to residents and access to a garden, Unit 8 itself is wholly inappropriate and unfit for the continued care and treatment of persons with a mental illness.

In June 2010 five conditions were attached to the registration of St Ita's Hospital. These were as follows:

Admission of Children must cease by 30th June 2010.

Permanent closure of Ward 9 by 30th November 2011.

Permanent closure of Unit 1 Female by 30th November 2011.

Refurbishment of Unit 1 Male and Ward 8 by 30th November 2011.

Admission of Residents to Acute Units to cease by 28th February 2011.

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Female Admission	24	23	7 General adult teams, Rehabilitation, Psychiatry of Old Age
Male Admission	24	17	7 General adult teams, Rehabilitation, Psychiatry of Old Age
Unit 1 Female	18	18	Psychiatry of Old Age
Unit 1 Male	14	10	Psychiatry of Old Age
Unit 9	14	12	Psychiatry of Old Age
Willowbrook	14	15	Rehabilitation
Woodview (Unit 8)	14	12	Rehabilitation

QUALITY INITIATIVES

- A number of audits had been completed, including audits on individual care plans, ligature points, patient dependency levels and documentation.
- Residents in Woodview and Willowbrook had been assessed on the Verona Service Satisfaction Questionnaire and a report was being compiled.
- Protected meal times had been recently introduced on some wards.
- Daily key-worker system was in place and a protocol had been developed.
- Assisted self-help groups had been implemented.
- A pilot project involving the use of handover sheets had commenced on the admission units.
- Staff working with the elderly had been trained in the use of a number of assessment tools, for example, the Social Skills Profile, the Falls Risk Assessment Scale for the Elderly.
- Voluntary workers had been introduced to Unit 9.

- Nurse education funding of €47,500 acquired from the National Council for Nursing and Midwifery, had supported a number of staff training courses, including, a person centred dementia course, suicide prevention training programme that provides training in risk assessment and management (STORM), Wellness Recovery Action Plan (WRAP), introduction to recovery concepts, introduction to cognitive behaviour therapy (CBT), psychosocial interventions, dialectical behaviour therapy (DBT) and Venepuncture (blood sampling).
- Training sessions had been run on the Mental Health Commission's revised Codes of Practice and Rules.
- A pilot project had commenced involving the use of a written consent form for residents who were admitted on voluntary status to the psychiatry of old age units.
- Clinical nurse specialist (CNS) posts had been established in dementia care, physical health, health promotion and dual diagnosis.

PROGRESS ON RECOMMENDATIONS IN THE 2009 APPROVED CENTRE REPORT

1. Kilbarrack East sector must implement individual care plans as a matter of urgency.

Outcome: The individual care plans as operated by this sector team did not meet the requirements of the Regulations.

2. A solution to the extremely poor conditions in the hospital must be found immediately.

Outcome: Some progress had been made with the refurbishment of the toilet areas in the admission units. The overall conditions in the hospital remained poor, with crumbling plasterwork in evidence in several units and the overall environment was not conducive to mental well-being.

3. The lack of accessible outside garden space should be addressed.

Outcome: The Admission Units, Willowbrook and Woodview Units had accessible garden spaces. The garden space on the male admission unit was sparse and bare. The garden spaces on Units 9, Female 1 and Male 1 were not suitable for the residents.

4. The approved centre was not suitable for the admission and treatment of children.

Outcome: Admission of children had ceased.

5. All bedroom areas should be reviewed and action taken to ensure privacy for all residents.

Outcome: This had not been achieved. The bedrooms in units 9, Female 1 and Male 1, Woodview (Unit 8) had no curtains or adequate partitions to facilitate privacy.

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
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>		

Article 5: Food and Nutrition

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Justification for this rating:

Food was prepared and provided to all units from the hospital kitchen. Menus were displayed and residents had a choice of meals from a varied menu.

Willowbrook had introduced bottled water which was available for residents on request. This practice had been implemented to protect the specific needs of one resident.

Article 6 (1-2): Food Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 7: Clothing

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 8: Residents' Personal Property and Possessions

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 9: Recreational Activities

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Justification for this rating:

Residents on the Admission units had access to St. Camillus' Activity Centre during the day. There was a room on the Admission Units that contained reading materials, games and other activities but it was locked to residents unless a structured activity was taking place.

Residents in Woodview (Unit 8) and Willowbrook had access to few recreational activities with many residents sitting around watching television during the day. On Woodview (Unit 8) residents had access to daily newspapers.

Breach: 9

Article 10: Religion

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 11 (1-6): Visits

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 12 (1-4): Communication

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 13: Searches

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 15: Individual Care Plan

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>	X	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>		

Justification for this rating:

Individual care plans operated in all units. Provision was made for residents to sign and have a copy of their individual care plans and where they were not in a position to do so or declined, this was recorded. The individual care plan (ICP) documentation was well designed and user friendly and in the main, was completed weekly and with appropriate and meaningful detail so as to support team working and intervention. The dearth of health and social care professionals was evident in the follow through on the delivery of required therapeutic services and programmes.

Residents on Unit 1 female ward, Unit 1 male ward, Unit 9 ward, and on Willowbrook ward, all had comprehensive individual care plans.

The individual clinical files examined on the day of inspection, conveyed the impression that the Kilbarrack East team operated a tokenism in relation to ICP's as required by the Regulations. "Milieu therapy" and "resolution of psychosis" were recorded as goals with no meaningful specification. The Kilbarrack East team did record case reviews in the individual clinical files. It was not evident whether this was uni-disciplinary or multidisciplinary. A separate nursing care plan operated. Thus, this team did not operate ICP's as required in the Regulations.

Breach: 15

Article 16: Therapeutic Services and Programmes

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		X
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

Residents on Units 9, Female 1 Ward and Male 1 Ward had access to a range of therapeutic services and programmes and these were linked to their individual care plan.

Willowbrook: The clinical files examined on Willowbrook, the intensive rehabilitation unit, indicated that therapeutic services and programmes were linked to individual care plans. The paucity of health and social care professionals in the service meant that there was limited provision of therapeutic interventions to address identified needs. Occupational therapy (OT) provided one session a week and OT assessments and interventions were recorded in the clinical files. Nursing staff provided a generic programme of activities as resources allowed. Early afternoon, at the time of inspection, the majority of Willowbrook residents were watching television, pacing or smoking cigarettes. Admission Units: The residents on the male and female admission units had access to a range of activities in St. Camillus Activity Centre, which was run by nursing staff who were earnest in their endeavour to engage residents. Examination of individual care plans indicated that activities were not linked to assessed need. This may have accounted for the fact that a number of the activity programmes had been cancelled "due to patients' unsuitability". Written documentation stated that the average attendance at programmes over a 12 month period, ranged from two to 10 persons in various activity groups. The admission units comprised 48 beds. Nursing staff said that residents often declined to participate in activities because they were tired of the routine. Staff stated that there was "protected time" for meal times and 1:1 work with residents, however, it was not clear from discussion what the intended purpose and usage of this time was. At the time of inspection, from 1030h to 1300h, a high number of admission unit residents were watching television, pacing

or smoking cigarettes.

The individual clinical files inspected indicated that where there were health and social care professionals in place on the sector teams, that clinical psychology, occupational therapy and social work responded to requests for assessment and intervention and this was recorded. The majority of teams did not have a complement of health and social care professionals. Thus, therapeutic services and programmes were severely limited and undermined the potential gains of hospitalisation.

Breach: 16 (1) (2)

Article 17: Children's Education

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	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>		

Justification for this rating:

The approved centre had ceased admissions of children.

Article 18: Transfer of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 19 (1-2): General Health

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Justification for this rating:

The approved centre had produced an information booklet about being in-patient in the hospital and on mental illness. The female admission unit had an excellent range of books and reading material on mental illness, treatments and on mental well-being. These were well chosen, attractive and up-to-date, however, they were locked away and there was no log available to indicate if residents were informed of or availing of the information. A couple of the residents stated that they were not informed of relevant voluntary agencies or the availability of the advocacy service.

Breach: 20 (1) (d)

Article 21: Privacy

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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	X
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

There were privacy issues in the bedroom areas on Unit 1 female, Unit 1 male, Unit 9 and Woodview (Unit 8).

The toilets on the admission units had been refurbished to a high standard; however the doors did not lock compromising resident's privacy.

Willowbrook unit provided curtains around all dormitory beds and on all windows. The single bedrooms did not have any screening or curtains on the windows. The service stated that these curtains had been removed following a ligature audit in March 2010 to reduce the risk of self-harm. One female lavatory and the male lavatories, continued to have half-doors that afforded insufficient privacy. A two-bed room opened directly onto the day room and although there were curtains surrounding the bed, this room afforded the female incumbents with limited privacy in a predominantly male ward. One of the shower rooms contained a cardboard box overflowing with "spare" female underwear which did not belong to any resident.

Breach: 21

Article 22: Premises

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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

Justification for this rating:

<p>The overall conditions of the buildings were poor, especially in the main building which housed Units 8, 9, Female1 and Male 1, and were not suitable for the provision of a modern mental health service. These appalling premises were providing long-term care for the elderly and those with severe and enduring mental illnesses.</p> <p>The ventilation on the admission units was very poor.</p> <p>There were no programmes for routine maintenance, for the renewal of the fabric or for redecoration of the premises.</p> <p>The fabric of the buildings meant that despite frequent cleaning the lavatories in Willowbrook remained smelly, stained and discoloured. The smoking bay in this unit was an eyesore and reminiscent of a concrete bunker. The smoke detectors in the female Admissions Unit should be uncovered immediately.</p> <p>The premises were not fit for purpose.</p>

Breach: 22 (1) (a) (b) (c), (3)

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 24 (1-2): Health and Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 25: Use of Closed Circuit Television (CCTV)

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Female admission	Nurses	5.5	3
	Attendant	1	
Willowbrook	Nurses – 1 CNM2 on alternate shifts, otherwise 3 staff nurses Attendant	3 1	2
Unit 1 Female	Nurses	4	1
	Attendant	1	1
	Support staff	0	1
Unit 1 Male	Nurses	3	2
	Attendant	1	1
Unit 9	Nurses	3	1
Woodview (Unit 8)	Nurses	CNM2 1 Staff Nurse 1 Attendant 1	0 1 1

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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</i>		

	<i>needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	X	X

Justification for this rating:

The approved centre did not have a skill mix and complement of staff appropriate to the assessed needs of residents, the size and layout of the service.

Breach: 26 (2)

Article 27: Maintenance of Records

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>	X	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>		

Justification for this rating:

The individual clinical files contained a pocket on the back cover. In the clinical files inspected, these pockets contained a variety of material and these were not secured with the consequent risk that core documents might have been lost. The individual clinical files on Willowbrook were kept in a box file and were more secure.

Breach: 27 (1)

Article 28: Register of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Justification for this rating:

<p>The register of residents was examined and was up-to-date.</p>

Article 29: Operating policies and procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 30: Mental Health Tribunals

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 31: Complaint Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 32: Risk Management Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Justification for this rating:

The approved centre had written risk management policies as required by Article 32 of the Regulations. There was no evidence that practice matched the stated policies by delivering “a multidisciplinary team risk assessment” and a “multidisciplinary team care management plan”. Discussion with staff and an examination of individual clinical files indicated that nursing staff carried out and recorded risk assessment when people were admitted. The Inspectorate was of the view, that both the assessment and management of risk might be made more robust through input from medical and multidisciplinary staff from the outset.

Staff reported that the number and severity of incidents of assault in the admission units had increased in 2010.

At the time of inspection, nine different catchment teams admitted residents to the admission units. Consequently, communications and weekly team reviews were onerous and time consuming and impacted on daily life within the units. The Inspectorate welcomed the decision to have the consultant psychiatrist on the Swords team take responsibility for all admissions to the female unit for the duration of their stay. The service was exploring the possibility of a single consultant psychiatrist taking responsibility for male and female admissions.

Breach: 32 (1)

Article 33: Insurance

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 34: Certificate of Registration

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

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

SECLUSION

Use: At the time of inspection on the admission units, 43 episodes of seclusion on 12 residents had been recorded. Most episodes of seclusion pertained to a small number of residents who were secluded on several occasions or for more than eight hours. Eight clinical files were reviewed.

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

Justification for this rating:

The seclusion register was completed in full and relevant nursing and medical documentation was completed in the residents' clinical charts.

ECT (DETAINED PATIENTS)

Use: There were no ECT facilities in the approved centre and no residents were receiving ECT in an external hospital on the day of inspection.

MECHANICAL RESTRAINT

Use: Belts were used for the safety of some residents on Unit 1 Female under Part 5 of the Rules Governing the Use of Mechanical Means of Bodily 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:

The use of Part 5 was clearly documented in the clinical files and a system was in place to ensure these arrangements were reviewed every three months.

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

PHYSICAL RESTRAINT

Use: Physical restraint was used on the Admission units. At the time of inspection there had been 24 episodes of physical restraint on 10 residents. Ten clinical files were reviewed.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
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 Physical Restraint Clinical Practice Forms were completed in full and nursing and medical assessments and interventions were recorded in the relevant clinical files.

ADMISSION OF CHILDREN

Description: The admission of children had ceased.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: At the time of the inspection, there had been no deaths in 2010. The incident book was reviewed on the Male Admissions unit.

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 approved centre had robust policies and processes in place in relation to the reporting and review of incidents and deaths.

ECT FOR VOLUNTARY PATIENTS

Use: There were no ECT facilities in the approved centre. At the time of the inspection no resident was receiving ECT in an external hospital.

ADMISSION, TRANSFER AND DISCHARGE

Description: On the female Admissions Unit, two clinical files of recent admissions to the ward were reviewed and two clinical files of residents recently discharged were reviewed. No residents had been transferred.

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	COMPLIANCE INITIATED	NOT COMPLIANT
	X		

Justification for this rating:

The service had written risk policies but there were no evidence that practice matched the stated policies by delivering “a multidisciplinary team risk assessment” and a “multidisciplinary team care management plan”. Discussion with staff and an examination of individual clinical files indicated that nursing staff carried out and recorded risk assessment when people were admitted. The Inspectorate was of the view, that both the assessment and management of risk might be made more robust through input from medical and multidisciplinary staff from the outset.

The approved centre had written policies and procedures on admission, transfer and discharge of residents.

Breach: 7.1

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	COMPLIANCE INITIATED	NOT COMPLIANT
	X		

Justification for this rating:

At the time of inspection, nine different clinical teams admitted residents to the admission units. Consequently, communications and weekly team reviews were onerous and time consuming and impacted on daily life within the units. The Inspectorate welcomed the decision to have the consultant psychiatrist on the Swords team take responsibility for all admissions to the female unit for the duration of their stay. The service was exploring the possibility of a single consultant psychiatrist taking responsibility for male and female admissions to the approved centre.

Breach: 16.3, 17, 19, 20, 22

Part 4 Transfer Process

The following aspects were considered: 25. Transfer criteria, 26. decision to transfer, 27. assessment before transfer, 28. resident involvement, 29. multi-disciplinary 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	COMPLIANCE INITIATED	NOT COMPLIANT
X			

Justification for this rating:

There was an up-to-date policy on the transfer of residents. A letter of referral and a nurse accompanied the resident on their transfer.

Part 5 Discharge Process

The following aspects were considered: 33. Decision to discharge, 34. discharge planning, 35. pre-discharge assessment, 36. multi-disciplinary team involvement, 37. key-worker, 38. collaboration with primary health care, community mental health services, relevant outside agencies and information transfer, 39. resident and family/carer/advocate involvement and information provision, 40. notice of discharge, 41. follow-up and aftercare, 42. record-keeping and documentation, 43. day of discharge, 44. specific groups.

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
X			

Justification for this rating:

All decisions to discharge were made at the multidisciplinary team meeting. The resident's general practitioner was informed of the discharge, as was the community mental health team.

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

Description: There were a number of residents throughout the approved centre with 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	COMPLIANCE INITIATED	NOT COMPLIANT
		X	

Justification for this rating:

Staff had not received training in working with people with an intellectual disability and mental illness. There were no policies in place.

Breach: 5 and 6

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: This did not apply as none of the patients had been admitted for longer than three months.

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

Description: This did not apply as the approved centre did not admit children.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

A number of residents spoke with the Inspectorate during the inspection. All were satisfied with the care and treatment they were receiving in the approved centre. One resident expressed concern that as a result of resources having been withdrawn from the homecare team, managing in the community was no longer possible and had resulted in a hospital admission. The resident expressed concern that the focus on new buildings would detract from the provision of community services.

MEDICATION

Medication sheets were in the Kardex format with regular PRN (as required) medication, depot and stat medication mixed together. The prescriptions were legible and in some cases medical staff had included their Medical Council number with their signatures which was good practice. The use of hypnotic medication (sleeping tablets) was high and 95% of all admissions were on antipsychotic medication. In the long stay wards over one third of residents were on more than one antipsychotic medication.

MEDICATION ACUTE

NUMBER OF PRESCRIPTIONS:	39
Number on benzodiazepines	25 (64%)
Number on more than one benzodiazepine	6 (15%)
Number on regular benzodiazepines	13 (33%)
Number on PRN benzodiazepines	15 (38%)
Number on hypnotics	27 (69%)
Number on Non benzodiazepine hypnotics	19 (49%)
Number on antipsychotic medication	37 (95%)
Number on high dose antipsychotic medication	3 (8%)
Number on more than one antipsychotic medication	10 (26%)

Number on PRN antipsychotic medication	6 (15%)
Number on antidepressant medication	15 (38%)
Number on more than one antidepressant	2 (5%)
Number on antiepileptic medication	5 (13%)
Number on Lithium	5 (13%)

MEDICATION LONG STAY

NUMBER OF PRESCRIPTIONS:	52
Number on benzodiazepines	30 (58%)
Number on more than one benzodiazepine	7 (13%)
Number on regular benzodiazepines	24 (46%)
Number on PRN benzodiazepines	10 (19%)
Number on hypnotics	37 (71%)
Number on Non benzodiazepine hypnotics	23 (44%)
Number on antipsychotic medication	39 (75%)
Number on high dose antipsychotic medication	3 (6%)
Number on more than one antipsychotic medication	18 (35%)

Number on PRN antipsychotic medication	4 (8%)
Number on antidepressant medication	23 (44%)
Number on more than one antidepressant	5 (10%)
Number on antiepileptic medication	21 (40%)
Number on Lithium	10 (19%)

OVERALL CONCLUSIONS

The approved centre remained unfit for purpose and should close immediately. The conditions of the units for the elderly were particularly disgraceful. It was unacceptable that older residents continued to live their lives in such an impoverished physical environment, with limited privacy, and restricted access to a safe and appropriate outdoor space. It was a credit to the staff on these units that they continued to develop the standard of care and treatment, and strove to provide a range of integrated therapeutic and recreational activities.

The admission units provided residential care in dormitories within a stuffy, poorly ventilated building that was not conducive to mental well-being. This, combined with a dearth of needs-based therapeutic services and programmes and psychological therapies, meant that optimal in-patient care was not being provided within the admission units. The intensive rehabilitation unit was similarly affected by the limited input from health and social care professionals. The use of sleeping tablets (hypnotic medication) was high.

Residents and staff expressed their concern that owing to staff cutbacks, nursing staff were being re-deployed, from existing community based services such as home care teams, back into St. Ita's Hospital in order to cover in-patient services. Staff said this was resulting in the cessation of some programmes and overall, represented a reversal of *A Vision for Change* initiatives. Residents expressed concern and anxiety about future access to community based support.

RECOMMENDATIONS 2010

1. The approved centre must abide by the conditions of registration imposed by the Mental Health Commission: to cease acute admissions by 28th February 2011; to close Unit 1 Female ward and Unit 9 ward by 30th November 2011; and to refurbish Unit 1 Male ward and Unit 8 ward by 30th November 2011.
2. The approved centre should review its individual care planning process and ensure that assessments of residents lead to the identification of needs and the development of associated interventions. This individual care plan should be clearly recorded in the individual clinical file and should include all therapeutic services and programmes provided for residents. This should be done in conjunction with residents.
3. Kilbarrack East must implement individual care plans as laid out in the Regulations.
4. The smoke detectors in the female Admissions Unit should be uncovered immediately.
5. The clinical risk assessment at and during admission should be in accordance with the approved centres risk management policies.
6. A review of medication prescribing should take place.