

Report of the Inspector of Mental Health Services 2011

EXECUTIVE CATCHMENT AREA	North Dublin
HSE AREA	Dublin North East
MENTAL HEALTH SERVICE	North Dublin
APPROVED CENTRE	St. Ita's Hospital – Mental Health Service
NUMBER OF WARDS	7
NAMES OF UNITS OR WARDS INSPECTED	Male Admission Female Admission Unit 1 Female Unit 1 Male Willbrook Woodview Unit 8
TOTAL NUMBER OF BEDS	106
CONDITIONS ATTACHED TO REGISTRATION	Yes
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	1 March 2011

OVERVIEW

In 2011, the Inspectorate inspected this Approved Centre against all of the Mental Health Act 2001 (Approved Centres) Regulations 2006, the Rules and Codes of Practice.

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

DESCRIPTION

St Ita's Hospital was a large red brick hospital built at the end of the 19th century and situated in extensive grounds in north county Dublin. Some of the units were still located in the old building whilst the admission units and one rehabilitation unit were located in more recently constructed buildings. Since the previous inspection, one unit had been closed and the total number of beds in the hospital had been reduced from 122 to 106. On the day of inspection there were 88 residents, some of whom had been resident in the hospital for a considerable length of time. Several sector teams, the psychiatry of old age and the rehabilitation teams admitted to the hospital. The service had recently introduced a change of management in the female admission unit, and all residents from general psychiatry there were under the care of one consultant psychiatrist. The hospital was in a state of transition with the expected move from the old building of all the residents under the care of the psychiatry of old age team to modern facilities in Fairview and Bloomfield by 31 March 2011. Following this move, there was a plan to relocate the admission wards to different facilities within the complex of St. Ita's Hospital pending the construction of a new unit in Beaumont Hospital.

Conditions: Admission of Children is prohibited.

Skill mix and complement of staff appropriate to centre and needs of residents

Permanent closure of Unit 8 by 31 March 2011

Permanent closure of Unit 1 - Male and Unit 1 - Female by 31 March 2011

Permanent closure of Acute Unit Male & Acute Unit Female by 31 August 2011.

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

COMPLIANCE RATING	2009	2010	2011
Fully Compliant	25	21	23
Substantial Compliance	3	4	3
Minimal Compliance	1	3	3
Not Compliant	2	2	1
Not Applicable	0	1	1

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

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Male Admission	24	18	Sector teams, psychiatry of old age and rehabilitation teams
Female Admission	24	15	Sector team, psychiatry of old age and rehabilitation teams
Unit 1 Male	10	10	Psychiatry of old age
Unit 1 Female	15	15	Psychiatry of old age
Willbrook	14	12	Rehabilitation team
Woodview	12	11	Rehabilitation team
Unit 8	7	7	Psychiatry of old age

QUALITY INITIATIVES

- Audits of individual multidisciplinary care plans were carried out in July and December 2010.
- An audit of patient satisfaction was carried out.
- A voluntary admission form was introduced.
- A checklist for ensuring proper transfer of residents was introduced.
- Training for staff in relation to seclusion, physical restraint, dementia care and cognitive behaviour therapy had been commenced.
- A continuous observation checklist for patients in seclusion had been introduced.

PROGRESS ON RECOMMENDATIONS IN THE 2010 APPROVED CENTRE REPORT

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.

Outcome: The date for the cessation of all admissions was extended by the Mental Health Commission to 31st August 2011. Unit 9 had closed.

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.

Outcome: This had been done.

3. Kilbarrack East must implement individual care plans as laid out in the Regulations.

Outcome: This had been done.

4. The smoke detectors in the female Admissions Unit should be uncovered immediately.

Outcome: This had been done.

5. The clinical risk assessment at and during admission should be in accordance with the approved centres risk management policies.

Outcome: This had been incorporated into the individual care plan.

6. A review of medication prescribing should take place.

Outcome: An audit of medication had been carried out.

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

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

Article 4: Identification of Residents

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

Justification for this rating:

Male Admission: All residents were offered an identify bracelet. The unit was self-staffing and all residents were known to staff. Two nurses identified residents before medication was administered.

Willbrook: Residents were identified by two staff.

Article 5: Food and Nutrition

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

Justification for this rating:

Male Admission: Food was prepared on site and a choice of menu was available to residents. A water cooler provided fresh water to residents.

Article 6 (1-2): Food Safety

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

Justification for this rating:

The catering facilities in St. Ita's Hospital had been inspected in January and February 2011. A number of issues arose from this report which the service was seeking to address. A re-inspection of the facilities by the Environmental Health Officer was planned for the hospital.

Breach: 6(1) (b)

Article 7: Clothing

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

Justification for this rating:

Residents wore their own clothing but there was a supply of clothing available for residents who needed clothing on a temporary basis. All residents were in day clothes.

Article 8: Residents' Personal Property and Possessions

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

Justification for this rating:

An inventory of a resident's personal possessions was taken on admission and there was a safe for safe-keeping of valuables. The service had an up-to-date policy relating to residents' personal property.

Article 9: Recreational Activities

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

Justification for this rating:

All residents had access to television. There was a variety of reading material and board games in most units. Staff in Willbrook had access to a minibus and took residents on trips at week-ends but lack of resources was cited as a reason for curtailment of social activities in Willbrook. Most residents had access to the extensive grounds.

Breach: 9

Article 10: Religion

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

Justification for this rating:

Whilst none of the chaplains attended the approved centre on a regular basis, apart from Mass on Sunday, staff reported no difficulty in accessing the relevant chaplain for residents when requested.

Article 11 (1-6): Visits

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

Justification for this rating:

Male Admission: There was a large comfortable visitors' room in the male admission ward. However this room was not always available as it was also used as a therapy room on occasion. When children visited, they were accommodated in the consultants' interview rooms. The service had a written up-to-date policy on visits.

Article 12 (1-4): Communication

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

Justification for this rating:

Male Admission: Residents were permitted use of mobile phones and there was a public telephone in the ward. Letters were given to the secretary for posting. There was a written policy on communication.

Article 13: Searches

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

Justification for this rating:

Male Admission: No searches had been carried out recently. The service had up-to-date policies on searches and the finding of illicit substances.

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

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

Justification for this rating:

Male Admission: There had been no deaths in the ward in recent months. One resident with a debilitating illness was being nursed in the ward. The service had a policy on the care of the dying.

Article 15: Individual Care Plan

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

Justification for this rating:

The clinical files of residents in all wards were examined and all residents whose clinical file was inspected had an individual care plan. The individual care plans were well designed and in general, were well filled out. Needs and goals were identified and in many cases where a need was not met, there was documentation stating why the need had not been met. Not all individual care plans had been signed by the resident and again, in most cases but not all, the reason for this was documented.

Article 16: Therapeutic Services and Programmes

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

Justification for this rating:

As a consequence of lack of full multidisciplinary teams, all residents did not have access to a full range of therapeutic services. There was no occupational therapist in the admission wards and therapeutic activities were run by nursing staff. An occupational therapist attended the unit for two to three sessions weekly. One resident attended the activities unit in the hospital and another resident attended a day care programme on two days per week in Balbriggan. There was no evidence in two clinical files that an occupational therapy assessment which was deemed necessary and written in the individual care plan had been carried out. The occupational therapist on the psychiatry of old age team provided sessions two to three times weekly in Unit 1 Male and Female wards.

Breach: 16(1), (2)

Article 17: Children's Education

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

Justification for this rating:

No child had been admitted to the approved centre in the previous year.

Article 18: Transfer of Residents

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

Justification for this rating:

The service had a policy on transfer of residents. The policy outlined the procedure for transferring a resident which included the provision of relevant information.

Article 19 (1-2): General Health

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

Justification for this rating:

Clinical files in the Male Admission ward, Female Admission ward, Willbrook and Woodview were inspected and in all but one instance, a physical health examination of the resident had been carried out in the previous six months. The service had a policy on responding to medical emergencies.

Breach: 19(1)(b)

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

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

Justification for this rating:

Male Admission: There was a very good range of information leaflets on a variety of conditions easily available to residents. The approved centre had produced a resident information booklet.

Article 21: Privacy

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

Justification for this rating:

Accommodation in the Male and Female Admission wards was arranged in dormitories, sub-divided into sections with five or six beds. All beds except one in the male dormitory had partition curtains. The bathroom areas in these wards had been refurbished to a high standard, but could not be locked from inside. A sign outside the door indicated when they were in use. In addition, the design of the door handle made it difficult to grasp and turn.

In Willbrook, the toilets had half-doors which permitted very little privacy. Accommodation was again primarily in dormitories, apart from four single rooms which were satisfactory. The dormitory accommodation was unsuitable for residents who were long-stay residents and who regarded Willbrook as their home.

Breach: 21

Article 22: Premises

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

Justification for this rating:

The male and female admission wards were clean and bathroom areas had been refurbished, but the layout was out-dated and very institutional. In Willbrook, the toilet areas were dirty, very stained and had a very unpleasant odour. The windows from the toilet area opened directly onto the smoking area which was actually enclosed. There was one two-bedded room where windows had blinds which could only be operated mechanically from the nursing office. Willbrook was a locked unit. Each of the admission wards had access to an enclosed garden, but these were poorly maintained and very unimaginative in design. By way of contrast, the garden in Unit 8 was a very pleasant area and very well maintained.

When walking from one ward to another in the older building, one passed along corridors where peeling paint, very damp and flaking plaster on walls and missing ceiling tiles presented an extremely unsightly and potentially hazardous journey. Photographic evidence was taken.

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

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

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

Justification for this rating:

The service had an up-to-date policy on medication which included reference to ordering, prescribing, storing and administering medication.

Article 24 (1-2): Health and Safety

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

Justification for this rating:

The service had an up-to-date written policy relating to health and safety of residents, staff and visitors.

Article 25: Use of Closed Circuit Television (CCTV)

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

Justification for this rating:

CCTV was in use at the entrance to the male and female admission wards and monitored in the nursing offices. CCTV was also in use in one bedroom in the seclusion area and had a sign indicating its use.

There was a CCTV camera in the main corridor of Willbrook, but it was reported that it was not used.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Male Admission	CNM 3	0.5	0
	CNM 2	1	0
	CNM 1	1	3
	Staff Nurse	3	0
	Attendant	1	0
Female Admission	CNM 3	0.5	0
	CNM 2	1	0
	CNM 1	1	3
	Staff Nurse	3	0
	Attendant	1	0
Willbrook	Assistant Director of Nursing	0.5	0
		1	2
	CNM1	3	0
	Staff Nurses	1	0
	Attendants		
Woodview	Assistant Director of Nursing	0.5	0
		1	0
	CNM11	3	0
	Staff Nurses	1	1
	Attendants		
Unit 1 Male	Assistant Director of Nursing	0.33	0
		1	0
	CNM11	3	2
	Staff Nurses	2	1
	Attendants		

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Unit 1 Female	Assistant Director of Nursing	0.33	0
	CNM11		0
	Staff Nurses	1	0
	Attendants	3	1
Unit 8	Assistant Director of Nursing	0.33	0
	CNM11	1	0
	Staff Nurses	2	1
	Attendants	1	1

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

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

Justification for this rating:

A CNM3 provided supervision at night and an Assistant Director of Nursing was available on call. There had been no additional health and social care professionals appointed to the service in the previous year and there was insufficient mix of disciplines and skills. There was a policy on recruitment of staff.

Breach: 26(2)

Article 27: Maintenance of Records

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

Justification for this rating:

Clinical files in the admission wards were reasonably maintained. Documentation of physical health examinations were noted on yellow forms which made it easy to retrieve. In all other wards, the clinical files were stored individually in box files.

Article 28: Register of Residents

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

Justification for this rating:

Each ward kept a register of residents. All the required information was available. In the case of individual's PPS number, if it was not recorded, 'not available' was stated.

Article 29: Operating policies and procedures

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

Justification for this rating:

All policies were in date.

Article 30: Mental Health Tribunals

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

Justification for this rating:

Mental Health Tribunals were held in a designated area of the hospital and the service co-operated fully with the tribunal process.

Article 31: Complaint Procedures

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

Justification for this rating:

Residents could make complaints initially to the Clinical Nurse Manager, and were then passed on to the hospital manager, who was the nominated person in the approved centre to deal with complaints. The service had a written policy on complaints.

Article 32: Risk Management Procedures

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

Justification for this rating:

The risk management and health and safety policies covered identification of risk in the approved centre. However most risk assessments were carried out by nursing staff and were not multidisciplinary in nature. The risk management policy did not cover precautions in place to control the risks specified in Article 32. In the Male Admission ward, a clinical incident book was kept. An examination of this book revealed the most common incident was absconsions from the ward.

Breach: 32 (2) (c)

Article 33: Insurance

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

Justification for this rating:

The service was covered by the HSE insurance policy.

Article 34: Certificate of Registration

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

Justification for this rating:

The certificate of registration was displayed in the approved centre.

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

SECLUSION

Use: Seclusion was used by the approved centre in the Male Admission Ward and the Female Admission Ward.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
1	General principles		X		
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 policy on Seclusion was reviewed in January 2011.

Male Admission Ward: One patient currently on the ward had been secluded. This patient's clinical file was examined by the Inspectorate. There was no documentary evidence to demonstrate that the approved centre considered all other interventions to manage the patient's unsafe behaviour before deciding to use seclusion; photographic evidence was taken. The initiation of seclusion was not satisfactorily recorded in the patient's clinical file; photographic evidence was taken. The seclusion register was examined and was satisfactory. There were two blind spots in the seclusion room both of which were not covered by viewing through both the door's window and the CCTV monitor and therefore the seclusion facility was of such design as to endanger patient safety. These exact blind spots were pointed out to nursing staff on the day of inspection. The en suite facilities were clean, furnished and well-maintained. There was evidence in the clinical file that the patient's next of kin had been informed of the episode of seclusion. Use of CCTV was restricted to designated personnel. It was evident and clearly labelled. CCTV was incapable of recording.

Female Admission Ward: One patient currently on the ward had been secluded. The patient's clinical file was examined. There was detailed documentary evidence to demonstrate that the approved centre had considered all other interventions to manage the patient's unsafe behaviour before deciding to use seclusion. The initiation of seclusion was documented satisfactorily in the patient's clinical file. The seclusion register was examined and had been completed satisfactorily. Similar to the Male Admission's ward there were two blind spots in the seclusion room both of which were not covered by viewing through both the door's window and the CCTV monitor and so, the seclusion facility was of such design as to endanger patient safety. Nursing staff were aware of these two blind spots and had endeavoured to adjust the facilities in attempts to counteract the blind spots. The en suite facilities were clean, furnished and well-maintained. There was evidence in the clinical file that the patient's next of kin had been informed of the episode of seclusion. Use of CCTV was restricted to designated personnel. It was evident and clearly labelled. CCTV was incapable of recording. Training of staff was ongoing.

Breach: 1.2, 3.3(b), 8.3, 11.1 (e)

ECT (DETAINED PATIENTS)

Use: There were no facilities for ECT in the approved centre. No detained patient was receiving ECT on the day of inspection.

MECHANICAL RESTRAINT

Use: Mechanical Restraint under Part 5 of the Rules Governing the Use of Mechanical Means of Bodily Restraint was used by the approved centre.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
1	General principles	NOT APPLICABLE			
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	X			
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:

Unit 1 Female: Three residents were subject to Part 5 of the Rules Governing the Use of Mechanical Means of Bodily Restraint for enduring risk of harm to self. All three clinical files were examined by the Inspectorate. In one clinical file examined the situation where mechanical means of bodily restraint was being applied was not specified and the duration of the order was not specified.

Breach: 21.5(d), (e)

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

PHYSICAL RESTRAINT

Use: Physical restraint was used by the approved centre.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
1	General principles	X			
5	Orders	X			
6	Resident dignity and safety	X			
7	Ending physical restraint	X			
8	Recording use of physical restraint	X			
9	Clinical governance	X			
10	Staff training	X			
11	Child residents	NOT APPLICABLE			

Justification for this rating:

Male Admission Ward: No current resident had been physically restrained. The Clinical Practice Form book was examined and was satisfactorily completed. The clinical file of one resident who had been recently discharged, and who had been physically restrained, was examined. The clinical file had been completed satisfactorily.

Female Admission Ward: The clinical file of one resident who had been physically restrained was examined. The Clinical Practice Form book was examined. All relevant documentation had been completed satisfactorily. The policy on Physical Restraint was reviewed in January 2011.

ADMISSION OF CHILDREN

Description: The service did not admit children to the approved centre. There was no child resident on the day of inspection.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: The approved centre reported incidents and deaths to the Mental Health Commission.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
2	Notification of deaths	X			
3	Incident reporting		X		
4	Clinical governance				X

Justification for this rating:

A clinical incident book was kept on the wards. Deaths were notified to the Mental Health Commission as required. The service was not fully compliant with Article 32 of the Regulations relating to risk management. The policy did not cover the notification of deaths and incident reporting to the Mental Health Commission, nor did it identify the risk manager within the mental health service or clearly identify the role and responsibilities of staff members in relation to reporting deaths and incidents.

Breach: 32(2)(c), 4.1, 4.2

ECT FOR VOLUNTARY PATIENTS

Use: There was no facility for providing ECT in the approved centre. No resident was receiving ECT at the time of inspection.

ADMISSION, TRANSFER AND DISCHARGE

Description: Admissions and discharges were facilitated by the sector teams, psychiatry of old age and rehabilitation teams.

Part 2 Enabling Good Practice through Effective Governance

The following aspects were considered: 4. policies and protocols, 5. privacy confidentiality and consent, 6. staff roles and responsibility, 7. risk management, 8. information transfer, 9. staff information and training.

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
	X		

Justification for this rating:

The service had policies and protocols on admission, transfer and discharge of residents. There was a policy on personal property, medication, privacy (incorporating confidentiality) and individual care plans. The service was not fully compliant with Article 32 relating to risk management.

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	MINIMAL COMPLIANCE	NOT COMPLIANT
	X		

Justification for this rating:

The service was in the process of devising a pre-admission process. The policy stated that a risk assessment should be carried out by the admitting non-consultant hospital doctor and nurse. All residents' whose clinical files were examined had individual care plans. The policy on individual care plans identified the responsibilities of the care co-ordinator for the resident. The service was fully compliant with the Regulation relating to record keeping.

Breach: 10

Part 4 Transfer Process

The following aspects were considered: 25. Transfer criteria, 26. decision to transfer, 27. assessment before transfer, 28. resident involvement, 29. multidisciplinary team involvement, 30. communication between Approved Centre and receiving facility and information transfer, 31. record-keeping and documentation, 32. day of transfer.

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The service had a policy on transferring residents. Documentation relating to the resident was transferred with the resident and the service had introduced a transfer of resident form which listed all relevant details. The decision to transfer was taken by the team.

Part 5 Discharge Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The service had a policy on discharge of residents. There was evidence in some clinical files that discharge planning was commenced prior to discharge. The decision to discharge was taken by the multidisciplinary team.

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

Description: There were a number of residents with intellectual disability in both rehabilitation wards.

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
	X		

Justification for this rating:

The service had a policy on working with people with and intellectual disability and mental illness. Staff reported there was no specific training in dealing with people with intellectual disability and mental illness but at least one CNM had training in both intellectual disability and psychiatric nursing. There was evidence in all the clinical files examined that all residents had individual care plans.

Breach: 6.1

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: Section 60 applied to two patients in the approved centre.

SECTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
Section 60 (a)	X			
Section 60 (b)(i)	X			
Section 60 (b)(ii)	X			

Justification for this rating:

Female Admissions Ward: The clinical file of one patient was examined. The patient had consented in writing to the continued administration of medicine for the purpose of ameliorating her mental disorder.

Willbrook: The clinical file of one patient was examined. The continued administration of medicine for the purpose of ameliorating his mental disorder was approved by the consultant responsible for the care and treatment of the patient and the continued administration of that medicine was authorised in Form 17 completed by another consultant psychiatrist.

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

Description: There was no detained child resident in the approved centre on the day of inspection.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

Many residents were greeted as the inspectors walked around the approved centre and informed that an inspection was taking place, but no resident requested to speak directly with the inspectors.

OVERALL CONCLUSIONS

St. Ita's Hospital provided care for acute admissions, rehabilitation and long-stay care for 88 residents on the day of inspection. The overwhelming impression of the approved centre was of old, poorly maintained buildings and limited facilities. Even in areas of the hospital which were not part of the original building, these were institutional and outdated. In the rehabilitation wards Willbrook and Woodview, there was little evidence to indicate progressive or dynamic programmes of rehabilitation. The Inspectorate welcomed the plans to relocate the admission wards to meet the condition relating to these wards imposed by the Mental Health Commission. Despite the continued use of these old unsuitable buildings, the service had placed great emphasis on the use of individual care plans which were in operation throughout the hospital and were of a high standard. A lack of full multidisciplinary teams limited the availability of therapeutic services.

The dates for the completion of some of the conditions attached to the registration of the approved centre had been extended.

RECOMMENDATIONS 2011

1. The service should comply with the conditions imposed on the registration of the approved centre.
2. Willbrook is not suitable as a rehabilitation unit and should close.
3. The service should review its risk management policy to ensure compliance with Part 3 and 4 of the Code of Practice on Notification of Deaths and Incident Reporting.
4. Seclusion rooms must be of a design as to ensure patient safety.
5. The approved centre must be able to demonstrate that, in deciding to use seclusion, all other interventions to manage a patient's unsafe behaviour have been considered.