

## Report of the Inspector of Mental Health Services 2012

<b>EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA</b>	North Dublin
<b>HSE AREA</b>	Dublin North East
<b>MENTAL HEALTH SERVICE</b>	North Dublin
<b>APPROVED CENTRE</b>	St. Ita's Hospital, Willowbrook and Woodview Units, Portrane, Donabate Co. Dublin
<b>NUMBER OF WARDS</b>	2
<b>NAMES OF UNITS OR WARDS INSPECTED</b>	Willowbrook Unit Woodview Unit
<b>TOTAL NUMBER OF BEDS</b>	27
<b>CONDITIONS ATTACHED TO REGISTRATION</b>	Yes
<b>TYPE OF INSPECTION</b>	Unannounced
<b>DATE OF INSPECTION</b>	15 May 2012

### Summary

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- There was an excellent rehabilitation and recovery ethos in the approved centre.
- Conditions 1 and 2 imposed by the Mental Health Commission had been met. There was definite progress towards meeting Conditions 3 and 4.
- There was no individual care plan for one resident as required by the Regulations. An individual care plan for this resident was subsequently put in place and updated. All other individual care plans for other residents were excellent and showed comprehensive service user involvement.
- The premises of both units remained unsuitable for residents. However both units were due to close in December 2013.

## OVERVIEW

In 2012, the Inspectorate inspected this Approved Centre against all of the Mental Health Act 2001 (Approved Centres) Regulations 2006.

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 2011. In addition to the core inspection process information was also gathered from self-assessments, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

## DESCRIPTION

There were two remaining adult mental health units on the campus of St. Ita's Hospital – Willowbrook and Woodview, both under the care of the rehabilitation team. The remainder of the St. Ita's Hospital adult mental health services had closed with acute admission and psychiatry of old age services located off site. Both Willowbrook and Woodview were planned to close by the end of 2013 with residents due to be placed in community residences and, where appropriate, nursing homes. There were 26 residents in total in the two units with one resident detained and two Wards of Court.

There are four conditions attached to the registration of the approved centre as follows:

1. The Mental Health Commission requires a skill mix and complement of staff appropriate to the assessed needs of the residents and the size and layout of the service
2. The Mental Health Commission requires that refurbishment works on Willowbrook Unit be completed by no later than 30<sup>th</sup> June 2012.
3. The Mental Health Commission requires the permanent closure of Willowbrook Unit by no later than 31<sup>st</sup> December 2013.
4. The Mental Health Commission requires quarterly reports on the full decommissioning of rehabilitation services in St. Ita's Hospital.

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	21	23	22
Substantial Compliance	4	3	4
Minimal Compliance	3	3	0
Not Compliant	2	1	3
Not Applicable	1	1	2

**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
Willowbrook	15	14	Rehabilitation
Woodview	12	12	Rehabilitation

**QUALITY INITIATIVES 2011/2012**

- Wellness and Recovery Action Plan (WRAP) training was ongoing.
- Staff had participated in Functional Analysis of Care Environments (FACE) training.
- There was an audit of benzodiazepine prescribing and in high dose antipsychotic prescribing.
- Staff were training in psycho-social interventions.
- Funding had been obtained for a nurse for assessment of patients who present with deliberate self harm.

**PROGRESS ON RECOMMENDATIONS IN THE 2011 APPROVED CENTRE REPORT**

1.The service should comply with the conditions imposed on the registration of the approved centre.

Outcome: The service was in the process of complying with the conditions imposed.

2. Willowbrook is not suitable as a rehabilitation unit and should close.

Outcome: The closure of Willowbrook was progressing.

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.

Outcome: There was a risk management policy that complied 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.

Outcome: The male and female admission units had closed. Seclusion was no longer used in the approved centre.

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.

Outcome: The male and female admission units had closed. Seclusion was no longer used in the approved centre.

**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	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Willowbrook: Two nurses administered medication. A camera had been ordered so that photographs could be used as a means of identifying residents.

Woodview: Photographs were used as means of identifying residents.

**Article 5: Food and Nutrition**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

There was access to fresh drinking water. There was a choice of food and the residents had been involved in menu planning and their food preferences had been incorporated. Special diets were catered for.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>		
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		<b>X</b>	<b>X</b>
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The most recent Environmental Health Officer's report, for inspections carried out in February and March 2012, was provided for inspection. This report highlighted a number of issues to be addressed and management of the approved centre were asked to forward an action plan to address the EHO's recommendations on to the inspectorate. This was not supplied despite reminders.

**Breach: 6**

**Article 7: Clothing**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

No resident was in their night clothes. Each resident had a supply of their own clothes.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Residents kept their own property. There were safes in the units for storage of money. There was a property list in the clinical files. There was a policy regarding personal property and possessions.



**Article 9: Recreational Activities**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>			<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	<b>X</b>	<b>X</b>	
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Both Willowbrook and Woodview units provided for recreational activities. There were sitting rooms with television, DVD player, music players, well stocked bookshelves and table games. The approved centre had a multiperson vehicle and there were twice weekly outings to local amenities. The activities centre had a pool table. The interests and hobbies of residents were evident in their personalised sleeping accommodation. A psychosocial profile of residents had been completed by staff and staff were familiar with residents' preferences and interests. Where families were involved and in contact with residents, there appeared to be good liaison between staff and family in relation to recreation.

**Article 10: Religion**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The practice of the residents' religion was facilitated. There was a church on the hospital grounds and a chaplain was attached to the hospital.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			<b>X</b>
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

There were set visiting times but these were very flexible.  
 There was no dedicated space for visitors in Woodview and little privacy for visitors.  
 There was space in Willowbrook that could accommodate visitors.  
 Children visiting were supervised. There was a policy regarding visitors.

**Breach:** 11(4)

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The use of mobile phones was allowed. Residents could receive and send mail unopened. There was a policy regarding communication.

**Article 13: Searches**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

No searches had been carried out in either unit. There was a policy on the carrying out of searches with and without consent and on the finding of illicit substances.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

There was a policy regarding care of residents who are dying. No deaths had taken place in either Willowbrook or Woodview since the previous inspection.

**Article 15: Individual Care Plan**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>		<b>X</b>	
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	<b>X</b>		
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			<b>X</b>

**Justification for this rating:**

All but one individual resident had an individual care plan (ICP) and therefore the approved centre was non compliant with the requirements of the Regulations. This was unfortunate because the quality of the individual care plans was excellent. The individual resident concerned had been transferred from another approved centre and remained under the care of a general adult team. Following the inspection the inspectors were informed that an ICP for this resident was now in place.

In all the other individual clinical files inspected the ICPs met the requirements of the Regulations, were regularly reviewed by the multidisciplinary team and resident input to their own care plan was clearly recorded. The resident and, where possible, the family attended the care plan review meetings. There was a system in place to ensure that individual care plans were regularly reviewed.

Both Woodview and Willowbrook units had a note clearly posted on the communal notice boards advising residents that their ICPs were readily available in the office if they wished to access their own copy. The ICPs were exemplary and included a note of unmet need if the required resources were not available.

**Article 16: Therapeutic Services and Programmes**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>			
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>	<b>X</b>	<b>X</b>	
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			<b>X</b>

**Justification for this rating:**

Existing ICPs specified therapeutic services and programmes for each individual. Unfortunately because one resident did not have an ICP the requirements of this Article were not met at the time of the inspection.

There were excellent occupational therapy and nursing assessment reports completed. The therapeutic services and programmes were orientated towards residents moving to community residences. There was a cookery programme in each unit. An art therapist attended once a week and was organising an exhibition of residents' art work. There was an occupational therapist and social worker on the rehabilitation team. Unit staff reported that clinical psychology sessions could be bought in if required and this had happened in a number of cases. Management subsequently advised that a 0.5 clinical psychologist had been appointed in March 2012.



**Article 17: Children's Education**

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Children were not admitted to the approved centre, therefore this Article was not applicable.

**Article 18: Transfer of Residents**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

There was a policy regarding transfer of residents. On transfer all relevant information accompanied the resident.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		<b>X</b>	
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

A general practitioner looked after the physical needs of the residents. The level of primary care was excellent and documentation was of a very good standard.

All residents had a six-monthly physical review and this was documented separately in the clinical file so that it was easily accessible. There was a system in place to ensure six-monthly physical reviews were completed.

Residents had physical health screening where appropriate. There was a policy regarding medical emergencies.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>		<b>X</b>	
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	<b>X</b>		<b>X</b>
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

There were information leaflets about St. Ita's Hospital and Willowbrook. Housekeeping arrangements were clearly displayed on a notice board.

There was no information available about diagnosis or treatment for the residents. The service was in the process of sourcing suitable material.

There was policy on the provision of information.

**Breach:** 20(1)(c),(e)

**Article 21: Privacy**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>			
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			<b>X</b>
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>	<b>X</b>	<b>X</b>	
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Remedial work had taken place so that there was privacy in the toilets and bathrooms. There were no privacy curtains on the observation windows in the doors of the female single rooms in Willowbrook. There was a nine-bed dormitory in Willowbrook which, although there were bed curtains, was not conducive to privacy.

In Woodview a bed curtain was missing. The maintenance department had been informed.

**Breach: 21**

**Article 22: Premises**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>			
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>

**Justification for this rating:**

The structure of both units was highly unsuitable for the needs of the residents. However in Willowbrook some maintenance had been completed. Willowbrook was an institutionalised building with narrow corridors and a nine-bed dormitory. Woodview was an amalgamation of two houses; the rooms were small, there was a steep staircase and there were shared bedrooms. Both units were clean.

Both units were due to close by December 2013.

**Breach: 22**

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

There was a policy on the ordering, prescribing, storing and administration of medication.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

There was a policy regarding health and safety.



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

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CCTV was not used in the approved centre.

**Article 26: Staffing**

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Willowbrook	ADON	0.5	0
	CNM2	1	0
	RPN	4	3
	Health Care Assistant	1	0
Woodview	ADON	0.5	0
	CNM2	1	0
	RPN	2	1
	Health Care Assistant	1	1

*Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Non Consultant Hospital Doctor (NCHD), Director of Nursing, (DON), Assistant Director of Nursing (ADON).*

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>			<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>		<b>X</b>	
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>	<b>X</b>		

**Justification for this rating:**

There was an occupational therapist and social worker on the rehabilitation team. Both had input into the units. Management advised that a 0.5 whole time equivalent (WTE) clinical psychologist had been appointed to the service in March 2012.

There was a policy on recruitment of staff.

There was ongoing mandatory training of staff.

**Breach:** 26(2)

**Article 27: Maintenance of Records**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>		<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	<b>X</b>		
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The clinical files were in reasonably good order. Information was easily retrieved and clinical files were safely stored. There was a policy on the maintenance of records.

**Article 28: Register of Residents**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

There was a Register of Residents which was compliant with Schedule 1 of the Regulations.

**Article 29: Operating policies and procedures**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

All policies were available and were in date.

**Article 30: Mental Health Tribunals**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Mental Health Tribunals were facilitated.

**Article 31: Complaint Procedures**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The complaints procedure was displayed on a notice board. There was a nominated complaints officer. There was a policy on the handling of complaints. A record of complaints was maintained but was empty and staff reported that issues were responded to as they arose and thus complaints were rare.



**Article 32: Risk Management Procedures**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>			<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	<b>X</b>	<b>X</b>	
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

There was a risk management policy that was in compliance with this Article. Risk assessments were completed for all residents.

**Article 33: Insurance**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The approved centre was covered under the Health Service Executive (HSE) insurance scheme.

**Article 34: Certificate of Registration**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The current certificate was displayed.

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

**SECLUSION**

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Seclusion was not carried out in the approved centre.

**Electroconvulsive Therapy (ECT) (DETAINED PATIENTS)**

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ECT was not administered in the approved centre.

**MECHANICAL RESTRAINT**

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Mechanical restraint was not carried out in the approved centre.

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

**PHYSICAL RESTRAINT**

**Use:** One resident had been physically restrained in Willowbrook. No resident had been restrained in Woodview.

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

**Justification for this rating:**

The physical restraint Clinical Practice Form was examined and it was evident that it was completed correctly. The episode of physical restraint was well documented in the clinical file. There was evidence that the physical restraint was discussed with the resident and at the team meeting. There was a policy on physical restraint.

Physical restraint had not been carried out in Woodview and there was no physical restraint clinical practice form book. The service was advised that a clinical practice form book should be available in Woodview unit. Following the inspection a clinical practice form book was placed in the unit.

**ADMISSION OF CHILDREN**

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Children were not admitted to the approved centre.



**NOTIFICATION OF DEATHS AND INCIDENT REPORTING**

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**Description:** There were no deaths in the approved centre from January 2012 to the date of inspection.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
2	Notification of deaths	<b>NOT APPLICABLE</b>			
3	Incident reporting	<b>X</b>			
4	Clinical governance (identified risk manager)	<b>X</b>			

**Justification for this rating:**

<p>Incidents were documented. There was a risk management policy in accordance with Article 32 of the Regulations. There was a risk manager in place.</p>
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**Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS**

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ECT was not administered in the approved centre.

**ADMISSION, TRANSFER AND DISCHARGE**

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**Part 2 Enabling Good Practice through Effective Governance**

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

**Level of compliance:**

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

**Justification for this rating:**

There were policies on admission, transfer and discharge. There were also policies on privacy, confidentiality and consent. The approved centre was compliant with Article 32 of the Regulations on Risk Management.

**Part 3 Admission Process**

*The following aspects were considered: 10. pre-admission process, 11. unplanned referral to an Approved Centre, 12. admission criteria, 13. decision to admit, 14. decision not to admit, 15. assessment following admission, 16. rights and information, 17. individual care and treatment plan, 18. resident and family/carer/advocate involvement, 19. multidisciplinary team involvement, 20. key-worker, 21. collaboration with primary health care community mental health services, relevant outside agencies and information transfer, 22. record-keeping and documentation, 23. day of admission, 24. specific groups.*

**Level of compliance:**

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

**Justification for this rating:**

No resident had been admitted to the approved centre in 2012 up to the time of inspection.

**Part 4 Transfer Process**

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

**Level of compliance:**

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

**Justification for this rating:**

One resident had been transferred to a general hospital for care and treatment and had since returned to the approved centre. The decision to transfer was made by the consultant psychiatrist. Family were fully involved in both the decision and in accompanying the resident on the day of transfer. A very comprehensive set of clinical documents accompanied the resident to the general hospital and this specifically addressed special care needs. The family were also given a copy of this documentation with the resident's permission. The individual clinical file evidenced liaison and follow-up with the general hospital.

## Part 5 Discharge Process

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

Level of compliance:

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

Justification for this rating:

No resident had been discharged from the approved centre since January 2012 to the date of inspection.

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

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**Description:** There were two residents with an intellectual disability and mental illness in the approved centre.

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

**Level of compliance:**

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

**Justification for this rating:**

There was a policy regarding intellectual disability and mental illness. Staff had been trained in intellectual disability and mental illness. There was evidence from the clinical file that there had been liaison with the intellectual disability service in relation to the residents with intellectual disability and mental illness.

**2.5 EVIDENCE OF COMPLIANCE WITH SECTIONS 60/61 MENTAL HEALTH ACT 2001 (MEDICATION)**

**SECTION 60 – ADMINISTRATION OF MEDICINE**

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**Description:** One patient was detained for a period in excess of three months and medication was prescribed.

SECTION	FULLY COMPLIANT	NOT COMPLIANT
Section 60 (a)	<b>NOT APPLICABLE</b>	
Section 60 (b)(i)	<b>X</b>	
Section 60 (b)(ii)	<b>X</b>	

**Justification for this rating:**

<p>There was one detained patient who had been detained for a period greater than three months. A Form 17 had been completed and was in date.</p>
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**SECTION 61 – TREATMENT OF CHILDREN WITH SECTION 25 MENTAL HEALTH ACT 2001  
ORDER IN FORCE**

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Children were not admitted to the approved centre.

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

### **SERVICE USER INTERVIEWS**

No service user wished to speak with the inspectors.

### **OVERALL CONCLUSIONS**

The rehabilitation and recovery ethos of the approved centre was clearly evident and the rehabilitation and recovery team were to be congratulated on this. With both units closing at the end of 2013 it was clear that residents were being prepared for the move to community residences and, where appropriate, nursing homes. Therapeutic services and programmes met the needs of the residents in this regard. All but one of the residents had an excellent individual care plan with clear evidence of service user involvement. The knowledge and enthusiasm of staff was impressive.

There was recognition that the premises in the approved centre was not suitable for residents and both units would be closed by the end of 2013. This would bring about the complete closure of the adult mental health services in St. Ita's Hospital and a move for the current residents to more appropriate community living.

Condition 1 and 2 imposed by the Mental Health Commission had been met. There was definite progress towards meeting Conditions 3 and 4.

### **RECOMMENDATIONS 2012**

1. Information about diagnosis and medication must be available for residents.
2. Privacy curtains for observation panels on bedroom doors in Willowbrook must be installed.
3. An individual care plan must be completed for the resident without an individual care plan in Willowbrook.
4. Plans to close the approved centre should continue.