

## Report of the Inspector of Mental Health Services 2009

<b>MENTAL HEALTH SERVICE</b>	HSE South
<b>APPROVED CENTRE</b>	St. Luke's Hospital, Clonmel
<b>CATCHMENT AREA</b>	South Tipperary
<b>NUMBER OF WARDS</b>	2
<b>NAMES OF UNITS OR WARDS INSPECTED</b>	St. John's Ward St. Bridget's Ward
<b>TOTAL NUMBER OF BEDS</b>	98
<b>CONDITIONS ATTACHED TO REGISTRATION</b>	Yes
<b>TYPE OF INSPECTION</b>	Night inspection
<b>DATE OF INSPECTION</b>	21 September 2009

### **Description of ward inspected**

St. Luke's Hospital had five wards providing a range of specialised care. On this inspection St. John's Ward was inspected in detail and St. Bridget's Ward. The inspection took place between 2145h and 2230h.

St. John's Ward was a male ward under the clinical direction of the rehabilitation team. On the night of the inspection there were 11 residents and 13 beds. This was a decrease of four beds since the last inspection in July 2009.

St. Bridget's Ward had 19 beds with 18 residents. All the residents had an intellectual disability and were under the clinical care of a named team.

Both wards were located in a stand-alone building to the rear of the main hospital.

### **Staffing**

*St. John's Ward:* There was three nursing staff on duty. One resident had a special observation nurse.

*St. Bridget's Ward:* There were two nursing staff on duty.

There was a nursing night supervisor on duty and a named NCHD and consultant psychiatrist on call.

### **Residents**

St. John's Ward had 11 male residents, one of whom was detained. On St. Bridget's Ward there were 18 residents, none of whom were detained.

### **Medication**

Medication had been administered prior to the inspection visit.

### **Seclusion**

No resident was in seclusion.

### **Mechanical restraint**

No resident was mechanically restrained.

### **Risk management**

There was one special observation in progress on the female unit. Ten residents were in the high observation unit on Level 2 observation. The remainder of the residents were on general observation. The main door of the unit was locked at 2200h and a security guard was on duty. No incidents had occurred at the time of inspection.

### **Environment**

St. John's Ward was locked; access was gained by using an external bell. There was a CCTV camera at the door. The ward was calm; residents were preparing for bed, watching TV or playing pool.

On St. Bridget's Ward most of the residents were in bed. All the bedroom doors were unlocked. One resident was watching TV.

### **Access to food and water and to hot drinks at night**

The residents were having hot drinks during the inspection. Drinking water was accessible at all times.

### **Documentation and handover procedure**

Night nursing handover occurred at 2030h and morning handover at 0800h. A record was kept of the night report. A copy was sent to nursing administration office. The night superintendent visited the ward each night.

### **Interviews with service users**

A number of service users spoke with the Inspectorate both formally and informally. All reported being happy with the care and treatment provided.

### **Conclusion**

The night inspection found that service users were receiving appropriate care and treatment. There were no restrictive practices in operation. There was an appropriate number of nursing staff on duty and the documentation was in order.

## Report of the Inspector of Mental Health Services 2009

<b>MENTAL HEALTH SERVICE</b>	HSE South
<b>APPROVED CENTRE</b>	St. Luke's Hospital, Clonmel
<b>CATCHMENT AREA</b>	South Tipperary
<b>NUMBER OF WARDS</b>	5
<b>NAMES OF UNITS OR WARDS INSPECTED</b>	St Mary's Ward St. Paul's Ward St. Theresa's Ward
<b>TOTAL NUMBER OF BEDS</b>	97
<b>CONDITIONS ATTACHED TO REGISTRATION</b>	Yes
<b>TYPE OF INSPECTION</b>	Unannounced
<b>DATE OF INSPECTION</b>	21 and 22 September 2009

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

**DESCRIPTION**

St. Luke's Hospital continued to provide care and treatment to 81 residents. A Section 55 of the Mental Health Act 2001 Inquiry into the care and treatment of residents in St. Luke's Hospital had recommended that the service be inspected on three occasions during 2009. This is the report of the second inspection in 2009. An unannounced night inspection was carried out on 21 September and is reported separately.

Conditions were imposed on the registration of the approved centre on 14 May 2009. They specify that full compliance must be obtained by St. Luke's Hospital under the Regulations for approved centres in relation to individual care plans, therapeutic services and programmes, transfer of residents, provision of information to residents, premises and staffing and risk management procedures.

During this unannounced inspection the service was inspected against areas of non-compliance recorded in July 2009.

**DETAILS OF WARDS IN THE APPROVED CENTRE**

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
St. John's	13	11	Rehabilitation General adult
St. Bridget's	19	18	General adult
St. Mary's	21	20	Psychiatry of later life
St. Paul's	22	16	Rehabilitation
St. Theresa's	22	16	Rehabilitation

**QUALITY INITIATIVES**

- There was a fortnightly rehabilitation meeting that included all aspects of the rehabilitation service, both in-patient and community.
- The number of residents in St. John's Ward continued to decrease.
- St. Theresa's Ward had been painted and the downstairs toilet had been upgraded.
- An independent piece of research had commenced with the residents.
- VEC art classes were due to resume in the coming weeks in line with term time.
- An open visiting policy was being developed in St. Mary's Ward.

**PROGRESS ON RECOMMENDATIONS IN THE 2008 APPROVED CENTRE REPORT**

*1. An advocacy service should be made available for residents on St. Bridget's Ward.*

**Outcome:** Funding had been approved in the previous two weeks and advocacy was now available in all wards in St. Luke's Hospital.

*2. The care planning process should be developed further and there should be evidence of an assessment at each stage.*

**Outcome:** The process had been reviewed and changes incorporated into the process.

*3. All individual care plans should be reviewed and updated on a regular basis.*

**Outcome:** A number of files were reviewed on the wards. All had a care plan with review dates in place.

*4. Documentation on seclusion and restraint must be completed in full.*

**Outcome:** This was in order.

*5. The plan to close the hospital and place individuals in appropriate settings based on needs must continue.*

**Outcome:** An action plan had been developed. Reports were sent to the MHC on a regular basis.

*6. The staff skill mix should be reviewed on a regular basis to ensure it meets the needs of residents.*

**Outcome:** Since the last inspection in July, the occupational therapy post in rehabilitation has been vacated. It is imperative that this post is filled immediately to advance the closure of the hospital.

**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 15: Individual Care Plan**

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

**Justification for this rating:**

The approved centre had developed a system for individual care planning. This had been extended to all the wards and staff had received training in its use. Since the last inspection, improvements had been built into the system.

During the re-inspection, a number of files were reviewed and they were in order.

**Article 16: Therapeutic Services and Programmes**

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

**Justification for this rating:**

The programme of activities continued to be provided on each ward. Each ward had a different allocation in the number of hours provided by an occupational therapist. In St. Paul's Ward it was felt that the allocation could be increased.

The service users had access to a range of interventions from a number of disciplines.

**Article 18: Transfer of Residents**

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

**Justification for this rating:**

There had been no transfers of residents since the last inspection. All transfers to general services were accompanied by a nurse with the appropriate case notes and a copy of the medication index card. A written operational policy on the transfer of residents was in place.

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

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

**Justification for this rating:**

All six-monthly physical reviews were completed In all wards.

There was a procedure in place to access additional general medical services. There was an emergency call system in place.

**Article 22: Premises**

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

**Justification for this rating:**

The premises were unsuitable to provide mental health facilities. The hospital building was in the process of being closed. In the interim, ongoing maintenance was completed.

St. Theresa's Ward had been painted and the shower upgraded.

**Breach:** Article 22

**Article 26: Staffing**

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
St. John's Ward	Nursing Occupational therapist Household	5 RPN incl. 1 CNM 0.2 2 over 7 days	2 RPN 0 0
St. Bridget's Ward	Nursing Occupational therapist Household	5 RPN incl. 1 CNM 2 sessions a week 2.5 over 7 days	2 RPN 0 0
St. Mary's Ward	Nursing Occupational therapist Household	5 RPN incl. 1 CNM 0.3 2 over 7 days	2 RPN 0 0
St. Paul's Ward	Nursing Occupational therapist Household	5 RPN incl. 1 CNM 0.2 2 over 7 days	2 RPN 0 0
St. Theresa's Ward	Nursing Occupational therapist	5 RPN incl. 1 CNM 0	2 0

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

**Justification for this rating:**

While there were a number of sessions provided by health and social care professionals, the posts continued to be split across teams and wards. They also fell short of the numbers outlined in *A Vision for Change*.

Medical staff were allocated to each ward. The allocated NCHD visited the ward daily, and an NCHD was available on call for emergencies. Weekly team meetings were held on each ward.

At the time of the re-inspection, it was reported that the occupational therapy post allocated to the rehabilitation team had been vacated.

**Breach:** Article 26 (1)

**Article 27: Maintenance of Records**

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

**Justification for this rating:**

The service followed the HSE policy on retention of records. All records were in place and filed in a locked cabinet.

Documentation on food safety and health and safety were in place. It was reported that the fire officer would be conducting an inspection in August 2009. A copy of the report was due to be sent to the Inspectorate team in September 2009.

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

**SECLUSION**

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Seclusion was used in St. John's Ward. It was inspected during the night inspection and is recorded in that report.

**ECT (DETAINED PATIENTS)**

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

**MECHANICAL RESTRAINT**

**Use:** Part 5 was in use in three wards. It was not used otherwise.

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	X			
19	Staff training	X			
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:**

A number of files were reviewed and were in order. The service had developed a pink prescription sheet which was located at the front of the file and detailed all the requirements of Part 5.

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

**PHYSICAL RESTRAINT**

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Physical restraint was not in use on any of the wards inspected.

**ADMISSION OF CHILDREN**

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Children were not admitted to the approved centre.

**ECT FOR VOLUNTARY PATIENTS**

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

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

### **SERVICE USER INTERVIEWS**

A number of service users were spoken to informally during the inspection.

### **OVERALL CONCLUSIONS**

There was evidence that the teams had sustained the progress reported in July 2009. The number of beds continued to decrease and there were plans in place to reduce the numbers further. All care plans were in order and all residents had received six-monthly reviews. Regular multidisciplinary team meetings took place on all wards. Enthusiasm of staff to progress improvement in the service was evident.

For service users Funding had been secured to provide a regular peer advocacy service for service users. An independent consultant had commenced consulting with the residents on their experiences in the hospital. A number of residents reported that they welcomed this opportunity.

This was the second report in a three-part inspection this year. The next inspection was to be an announced inspection. The Inspectorate team will continue to monitor progress.

### **RECOMMENDATIONS 2009**

1. A recent fire safety report should be forwarded to the Inspectorate.
2. A peer advocacy service should be introduced on each ward.
3. An occupational therapist must be recruited to the rehabilitation team.

## Report of the Inspector of Mental Health Services 2009

<b>MENTAL HEALTH SERVICE</b>	HSE South
<b>APPROVED CENTRE</b>	St. Luke's Hospital, Clonmel
<b>CATCHMENT AREA</b>	South Tipperary
<b>NUMBER OF WARDS</b>	4
<b>NAMES OF UNITS OR WARDS INSPECTED</b>	St Mary's Ward St. Paul's Ward St. Theresa's Ward St. Paul's Ward
<b>TOTAL NUMBER OF BEDS</b>	83
<b>CONDITIONS ATTACHED TO REGISTRATION</b>	Yes
<b>TYPE OF INSPECTION</b>	Announced
<b>DATE OF INSPECTION</b>	11 November 2009

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

### DESCRIPTION

St. Luke's Hospital provided care and treatment to 75 residents on the day on inspection. A Section 55 of the Mental Health Act 2001 Inquiry into the care and treatment of residents in St. Luke's Hospital had recommended that the service be inspected on three occasions during 2009. This is the report of the third inspection in 2009.

Conditions were imposed on the registration of the approved centre on 14 May 2009. These specified that full compliance must be obtained by St. Luke's Hospital under the Regulations for Approved Centres in relation to individual care plans, therapeutic services and programmes, transfer of residents, provision of information to residents, premises and staffing and risk management procedures.

During this announced inspection the service was inspected against areas of non-compliance recorded in September 2009. Although the service had been compliant with Article 16 (Therapeutic Services and Programmes), this was re-inspected.

### DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
St. Bridget's	19	18	General adult
St. Mary's	21	20	Psychiatry of later life
St. Paul's	22	16	Rehabilitation
St. Theresa's	22	16	Rehabilitation

### QUALITY INITIATIVES

- St. John's Ward had closed.
- An independent quality of life survey of residents of St. Luke's Hospital had been concluded.

### PROGRESS ON RECOMMENDATIONS IN THE 2008 APPROVED CENTRE REPORT

1. *An advocacy service should be made available for residents on St. Bridget's Ward.*

**Outcome:** An advocacy service was now provided to the residents of St. Bridget's Ward.

2. *The care planning process should be developed further and there should be evidence of an assessment at each stage.*

**Outcome:** The process had been reviewed and changes incorporated into the process.

3. *All individual care plans should be reviewed and updated on a regular basis.*

**Outcome:** A number of files were examined on the wards. All residents had an individual care plan, as defined in the Regulations, with review dates in place.

4. *Documentation on seclusion and restraint must be completed in full.*

**Outcome:** Seclusion was no longer used by the approved centre. Documentation in relation to mechanical means of bodily restraint for enduring self-harming behaviour was in order.

*5. The plan to close the hospital and place individuals in appropriate settings based on needs must continue.*

**Outcome:** An action plan has been developed. Reports were sent to the Mental Health Commission on a regular basis.

*6. The staff skill mix should be reviewed on a regular basis to ensure it meets the needs of residents.*

**Outcome:** Two occupational therapy posts had been vacated since the September inspection. One basic grade post was being recruited from a panel that was in place. The senior occupational therapy post had been advertised and an interview process had been scheduled for early December.

**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 15: Individual Care Plan**

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

**Justification for this rating:**

Individual care plans were examined on all four wards and were compliant with this Article.

**Article 16: Therapeutic Services and Programmes**

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

**Justification for this rating:**

There was evidence on all four wards that residents had access to an appropriate range of therapeutic services and programmes in accordance with their individual care plans.

**Article 22: Premises**

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

**Justification for this rating:**

The hospital building was in the process of being closed. St. John's Ward had closed.

*St. Theresa's Ward:* The wall area by the stairs between the male and female dormitories needs to be replastered and redecorated.

*St. Bridget's Ward:* Frosted glass had been inserted into the existing door panels to replace the previous clear glass for privacy purposes. Each bedroom had been decorated using a colour chosen by the individual resident. The female shower room had a very stuffy and musty odour. It was reported that this room was used frequently. It needed to be upgraded and redecorated and adequate ventilation needed to be put in place.

*St. Mary's Ward:* The implementations of plans to develop this ward should be expedited.

**Breach:** Article 22

**Article 26: Staffing**

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
St. Bridget's Ward	Nurse Occupational therapist Household	5 RPN incl. 1 CNM 2 sessions a week 2.5	2 RPN 0 0
St. Mary's Ward	Nurse Occupational therapist Household	5 RPN incl. 1 CNM 0.5 2	2 RPN 0 0
St. Paul's Ward	Nurse Occupational therapist Household	5 RPN incl. 1 CNM 0 2	2 RPN 0 0
St. Theresa's Ward	Nurse Occupational therapist Household	5 RPN incl. 1 CNM 0 2	2 RPN 0 0

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

**Justification for this rating:**

Health and social care professionals posts were still split across teams and wards. These posts also fell short of the numbers outlined in *A Vision for Change*.

The approved centre was in the process of recruiting for two full-time occupational therapy posts.

**Breach:** Article 26 (1)

**Article 27: Maintenance of Records**

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

**Justification for this rating:**

The fire inspection report was examined on the day of inspection.

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

**SECLUSION**

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Seclusion was not in use at the time of inspection.

**ECT (DETAINED PATIENTS)**

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

**MECHANICAL RESTRAINT**

**Use:** Part 5 was used in St. Bridget's Ward, St. Mary's Ward and St. Paul's Ward.

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	X			
19	Staff training	X			
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:**

A number of clinical files were examined on St. Bridget's Ward, St. Mary's Ward and St. Paul's Ward. The approved centre was compliant.

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

**PHYSICAL RESTRAINT**

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It was reported that physical restraint was not used.

**ADMISSION OF CHILDREN**

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Children were not admitted to the approved centre.

**ECT FOR VOLUNTARY PATIENTS**

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

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

**SECTION 60 – ADMINISTRATION OF MEDICINE**

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**Description:** Section 60 was applicable in St. Theresa's Ward, St. Mary's Ward and St Paul's Ward.

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

**Justification for this rating:**

The clinical files of all residents in St. Theresa's Ward, St. Mary's Ward and St Paul's Ward who had been given medication to ameliorate their mental disorder for a period exceeding three months were examined. The approved centre was compliant.

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

### **SERVICE USER INTERVIEWS**

Service users were greeted by the Inspectorate team. None of the residents asked to speak to the Inspectorate team.

### **OVERALL CONCLUSIONS**

There was evidence that staff of all disciplines had built on the sustained progress that was very evident in recent inspections. It was positive that St. John's Ward had closed. The number of beds had steadily decreased throughout the year. All care plans were in order, were compliant with Article 15 of the Regulations, and showed evidence of the resident being provided with an appropriate range of therapeutic services and programmes. Regular multidisciplinary team meetings took place on all wards. Staff continued to demonstrate enthusiasm and commitment in the care and treatment of residents. All wards were now in receipt of an advocacy service through the Irish Advocacy Network. An independent consultant had concluded a quality of life survey of residents of St. Luke's Hospital following consultation with residents of St. Luke's Hospital.

### **RECOMMENDATIONS 2009**

1. The outstanding occupational therapist posts must be recruited.
2. The female shower room in St. Bridget's Ward needs to be upgraded and redecorated and adequate ventilation needs to be put in place.
3. The implementation of plans to develop St Mary's Ward should be expedited.