

## Report of the Inspector of Mental Health Services 2011

<b>EXECUTIVE CATCHMENT AREA</b>	Waterford / Wexford
<b>HSE AREA</b>	South
<b>MENTAL HEALTH SERVICE</b>	Wexford
<b>APPROVED CENTRE</b>	St. Senan's Hospital
<b>NUMBER OF WARDS</b>	4
<b>NAMES OF UNITS OR WARDS INSPECTED</b>	St. Christopher's Ward St. Elizabeth's Ward Tús Nua St. Enda's Ward
<b>TOTAL NUMBER OF BEDS</b>	59
<b>CONDITIONS ATTACHED TO REGISTRATION</b>	Yes
<b>TYPE OF INSPECTION</b>	Unannounced
<b>DATE OF INSPECTION</b>	20 September 2011

## OVERVIEW

In 2011, the Inspectorate paid particular attention to Articles 15 to 22 and 26 of the Mental Health Act 2001 (Approved Centres) Regulations 2006 and all areas of non-compliance with the Regulations in 2010 and any other Article where applicable.

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

## DESCRIPTION

St. Senan's Hospital was located at the edge of Enniscorthy on an imposing site overlooking the River Slaney. It was opened in 1870 and was now in the process of closing down. St. Clare's Ward and St. Anne's Ward had closed. Four wards remained with 59 beds: there were two rehabilitation wards (Tús Nua and St. Enda's wards), one ward under the care of psychiatry of later life (St Elizabeth's ward) and one ward, which was for residents with intellectual disability (St. Christopher's ward). There was also a respite unit in the hospital which provided crisis care and support over a short period as an alternative to hospital. This was not part of the approved centre.

Although the approved centre was clean, and this was a credit to household staff, the interior of the wards had paint peeling in places with old-fashioned toilets and bathrooms not suitable for modern living. The environment was unsuitable for the care and treatment of residents.

Two conditions of registration were imposed on the approved centre by the Mental Health Commission to its current registration as an approved centre:

- Condition 1: The Mental Health Commission requires the permanent closure of St. Clare's Ward and St. Anne's Ward in St. Senan's Hospital by no later than 31 May 2011.
- Condition 2: The Mental Health Commission prohibits the admission to St. Senan's Hospital of all residents who are children.

The approved centre subsequently confirmed in writing that St. Clare's Ward and St. Anne's Ward had permanently closed effective from 4 April 2011.

Plans for the hospital closure had reached an advanced stage and the Inspectorate was informed that the hospital would be closed by January 2013.

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

COMPLIANCE RATING	2009	2010	2011
Fully Compliant	20	24	18
Substantial Compliance	6	3	3
Minimal Compliance	1	2	4
Not Compliant	3	1	4
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
St. Christopher's	14	13	Rehabilitation
St. Elizabeth's	20	17	Psychiatry of Old Age
Tús Nua	13	8	Rehabilitation
St. Enda's	12	10	Rehabilitation

**QUALITY INITIATIVES**

- St. Clare's Ward and St. Anne's Ward had closed.
- The residents in Tús Nua were due to move to new premises in October 2011. A new development which was to accommodate the residents from St. Christopher's Ward and St. Enda's Ward had begun construction and was due for completion in January 2013. Construction of a Community Nursing Unit (CNU), which was to accommodate the residents in St. Elizabeth's Ward, had begun in July 2011 and was due for completion in January 2013.
- A respite unit had opened which provided crisis care as an alternative to hospital.
- A Workshop had been organised for members of both the Wexford and Waterford teams to discuss issues relating to the merger of the areas and this was due to be held in November 2011.
- The sector team coordinators, at Assistant Director of Nursing (ADON) level, met directly with GPs in the North and South Sectors in the Primary Care Sector meetings.
- A number of people have been identified by the service to train as advocates by the Irish National Service Users (NSUE) Executive.

**PROGRESS ON RECOMMENDATIONS IN THE 2010 APPROVED CENTRE REPORT**

1. The closure plans for the approved centre should be advanced.

Outcome: St. Clare's Ward and St. Anne's Ward had closed. The residents in Tús Nua were due to move to new premises in October 2011. A new development which was to accommodate the residents from St. Christopher's Ward and St. Enda's Ward was under construction and was due for completion in January 2013. Construction of a Community Nursing Unit (CNU) which was to accommodate the residents in St. Elizabeth's Ward had begun construction in July 2011 and was due for completion in January 2013.

2. The service should develop and implement policies and training for staff regarding how to work with people with mental illness and an intellectual disability.

Outcome: The approved centre did not have a policy in this regard. Education and training for staff to support the principles and guidance in this Code of Practice had commenced.

3. The individual care plan should be finalised and each resident should have access to their fully completed individual care plan.

Outcome: Not all residents had an individual care plan as defined in the Regulations.

4. The approved centre must ensure privacy in the bedrooms and bathrooms of all residents.

Outcome: Privacy issues in bedrooms and bathrooms remained outstanding.

**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
<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 inspection of this Article was based on self-assessment.

**Article 5: Food and Nutrition**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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:**

A menu was displayed. Meals were freshly cooked in St. John's Hospital and delivered in special heated containers. There was a good choice of main meal and for the other two daily meals. Dietary requirements were catered for. Fresh drinking water was available to residents.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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>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:**

The Senior Environmental Health Officer's report dated 15 February 2011 was available to the Inspectorate and was satisfactory.

**Article 7: Clothing**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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 inspection of this Article was based on self-assessment.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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 inspection of this Article was based on self-assessment and the approved centre had written operational policies and procedures relating to residents' personal property and possessions.

**Article 9: Recreational Activities**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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>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>			

**Justification for this rating:**

St. Christopher's Ward: There were two sitting rooms, each with a television. One sitting room also had a music system and an exercise bike. Day trips occurred most days and a minibus was available for the exclusive use of the ward. In the afternoon a nurse usually took about five residents for a walk but the remaining two nurses had to remain on the ward to care for the remaining residents.

St Enda's Ward: A number of residents attended Killgooney Therapy and Activity Centre (KTAC). For the residents who did not attend, there was very little to do apart from watching television. No newspapers were delivered to the ward for residents.

Tús Nua Ward: There were two sitting rooms in this rehabilitation ward. Recreational provision was limited to a few books and magazines, CD music players and television there were no other recreational resources evident. At the time of inspection four of the eight residents were on the ward. Three residents were dozing, either in bed or in front of the television, and were not engaged in activity in any meaningful way. One of the sitting rooms doubled as the dining room and space was given over to tables and a heated food trolley. A bed was placed in the other sitting room and staff reported that this bed had been occupied during the year. No newspapers were delivered to the ward. The ward environment was impoverished from a social and recreational perspective.

St. Elizabeth's Ward: There was one large sitting room for residents. At the time of inspection, the majority of residents were in the sitting room. Some were watching television, a couple of residents were reading and others were sitting unoccupied. There was interaction between nursing staff and residents. Staff reported that as staff resources allowed, Sonas (a multisensory stimulation and communication programme) and other activities were provided. The ward was not resourced with social and recreational materials appropriate to the needs of older persons. Being located on the first

floor, the residents did not have ready access to outdoors and fresh air.

**Breach: 9**

**Article 10: Religion**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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 inspection of this Article was based on self-assessment.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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 had written operational policies and procedures for visits. The approved centre was requested by the Inspectorate to forward a copy of its most recent fire inspection report so as to ensure compliance with this Article in relation to the health and safety of residents and visitors, but failed to do so. Because of this failure, the Inspectorate was unable to determine that reasonable steps had been taken by the approved centre to ensure the safety of residents and visitors at the time of inspection. The Inspectorate then sought this information pursuant to section 53 of the Mental Health Act 2001. The fire inspection report was subsequently forwarded to the Inspectorate within the specified time frame.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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 inspection of this Article was based on self-assessment and the approved centre had written operational policies and procedures on communication.

**Article 13: Searches**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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 inspection of this Article was based on self-assessment and the approved centre had written operational policies and procedures on the searching of a resident, his or her belongings and the environment in which he or she is accommodated; for carrying out searches with the consent of a resident and carrying out searches in the absence of consent; and in relation to the finding of illicit substances.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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 inspection of this Article was based on self-assessment and the approved centre had written operational policies and protocols for care of residents who are dying.

**Article 15: Individual Care Plan**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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>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:**

St. Christopher's Ward and St. Enda's Ward: All residents had an individual care plan with agreed goals identified. Most individual care plans were signed by the resident and where not, the reason was documented. However, most of these individual care plans were incomplete in respect of specified interventions and the identified member of the multidisciplinary team to follow up on these interventions.

Tús Nua; The individual clinical files of seven of the eight residents were inspected; seven residents did not have an individual care plan (ICP) as described in the Regulations. The individual care plan documentation was inserted in each individual clinical file, however all ICPs were incomplete. The specification of need, goal, intervention and identified staff member of the MDT with responsibility to implement or follow up and a review date and outcome were not adequately filled out to support care planning and delivery. There were nursing care plans for all residents and these were updated on a monthly basis.

St. Elizabeth's Ward: Residents had individual care plans; however, some of these had not been reviewed for some considerable time.

**Breach: 15**

**Article 16: Therapeutic Services and Programmes**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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>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:**

St. Christopher's ward: This ward accommodated residents with profound and severe intellectual disability. Apart from two residents who attended outside activities there was a complete absence of any therapeutic services and programmes appropriate to the residents' needs. There was an absence of any input from social work, psychology or occupational therapy to the ward.

Tús Nua: There was evidence in the clinical files of involvement by the social worker, occupational therapist and psychologist in the care and treatment of residents, but this was not reflected in the care plans of residents, many of whom did not have an individual care plan. Thus, there was no record or specification of the individual therapeutic and programme requirements for the promotion of optimal physical and psychosocial functioning.

St. Elizabeth's Ward: None of the residents left the ward for therapeutic programmes, but programmes in Sonas, art therapy and gentle exercise were held on the ward once weekly.

Staff reported that for those residents in the hospital who were able to attend the KTAC there was an extensive activity and therapy programme which included literacy, relaxation, pottery, cooking and money management. This activity was not reflected or recorded in the individual clinical files.

**Breach:** 16(1)

**Article 17: Children's Education**

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A condition had been imposed by the Mental Health Commission on the approved centre's current registration as an approved centre that no child was to be admitted to the approved centre. No child had been admitted to the approved centre.

**Article 18: Transfer of Residents**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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:**

Transfers occurred between the approved centre and Wexford General Hospital and the approved centre in the Department of Psychiatry in Waterford General Hospital. Nursing staff and a referral letter accompanied the resident.

St. Christopher's Ward: One resident had been transferred to a community residence. This resident's clinical file was not available in the ward. All relevant information about the resident had been provided to the community residence.

Tús Nua Ward: Two residents had been transferred to and from the Department of Psychiatry, Waterford Regional Hospital for the purpose of treatment. Clinical information accompanied the residents on transfer and the individual clinical file followed the resident.

The approved centre had a written operational policy and procedures on the transfer of residents.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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:**

St. Christopher's Ward and St. Enda's Ward: Six clinical files were examined by the Inspectorate in relation to residents who had been accommodated in the approved centre for a period longer than six months. In three clinical files there was no documentary evidence that the general health needs of these residents was assessed at least every six months.

Tús Nua: One person had been resident for longer than six months and there was no evidence in the clinical file that a physical health examination had been carried out since the admission. A physical examination was subsequently completed on the day of inspection.

St. Elizabeth's Ward: All residents were resident for longer than six months. A physical health examination had not been carried out within the previous six months in the case of two residents.

The approved centre had written operational policies and procedures for responding to medical emergencies.

**Breach:** 19(1)

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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 an information booklet for residents. This contained details of the residents' multidisciplinary team, housekeeping practices, including arrangements for personal property, visiting times and visiting arrangements. Meal times were displayed in the wards. Details of advocacy and voluntary organisations were available and displayed in the wards.

Written information on residents' diagnoses and information on indications for use of all medications to be administered to residents, including any possible side effects was not available on St. Edna's ward.

The approved centre had written operational policies and procedures for the provision of information to residents.

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

**Article 21: Privacy**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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:**

St. Enda's Ward: On the day of inspection the residents' privacy and dignity was appropriately respected.

St. Christopher's Ward: There were no curtains around the beds.

Tús Nua: Sleeping accommodation was in dormitory style bedrooms. All beds had curtains around them. One bed was located in the sitting room/day area, and staff reported that this bed had been variously used during the year to accommodate male and female residents. Although the bed had a surround curtain its position in a communal sitting room was inappropriate and privacy was compromised.

St. Elizabeth's Ward: Accommodation was in a range of bedrooms from single to an eight-bed room. All beds had curtains around them except in the double room. There were no locks on the toilet doors.

**Breach: 21**

**Article 22: Premises**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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:**

St. Christopher's Ward and St. Enda's Ward: The wards were clean. The physical environment in both wards was unsuitable for the care and treatment of residents.

Tús Nua: The ward was clean, but the layout was unsuitable. The nurses' station, bedroom and sitting room were semi-partitioned areas of one large room.

St. Elizabeth's Ward: There were two large deep holes in the walls of the eight-bed room and a hole in the wall of the single room which had not been repaired despite requests from nursing staff to maintenance to do so.

**Breach:** 22(1), (2), (3).

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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 inspection of this Article was based on self-assessment and the approved centre had appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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:**

St. Elizabeth's Ward was located on the first floor. In the event of a fire, the plan was for horizontal, staged evacuation. Several residents on this ward had limited mobility and would require full assistance in the event of a fire evacuation and the corridors were relatively narrow in this regard. A fire extinguisher was locked in the visitors' room and a key was required to access this if needed.

Documentation of inspections relating to fire was not made available to inspectors during the inspection. This documentation was requested to be forwarded to the Inspectorate subsequent to the inspection, but the approved centre failed to do so. The Inspectorate then sought this information pursuant to section 53 of the Mental Health Act 2001. The fire inspection report was subsequently forwarded to the Inspectorate within the specified time frame.

**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
St. Christopher's	CNM2	1	0
	RPN	2	2
St. Elizabeth's	CNM2	1	0
	RPN	3	2
	Health Care Assistant	1	0
St. Enda's	CNM2	1	0
	RPN	1	1
Tús Nua	CNM2	1	0
	RPN	2	2

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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>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:**

St. Christopher's ward: There was no psychology, social work or occupational therapy input into the ward.

There was one occupational therapist who provided 0.2 whole time-equivalent (WTE) input to the Psychiatry of Old Age team and 0.8 WTE input to the Rehabilitation team. At the time of inspection, two sector occupational therapists were on leave the single occupational therapist was providing cover to all areas. This lack of resource was reflected in the very limited occupational therapy input recorded in the individual clinical files on Tús Nua ward and St. Elizabeth's ward.

Staff were trained in control and restraint and a training record was available.

The approved centre was asked to provide written confirmation that an appropriately qualified member of staff was on duty and in charge of the approved centre at night but failed to provide such written confirmation. The Inspectorate then sought this information pursuant to section 53 of the Mental Health Act 2001. This information was subsequently forwarded to the Inspectorate within the specified time frame.

**Breach:** 26(2).

**Article 27: Maintenance of Records**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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 inspection of this Article was based on self-assessment and the approved centre had written policies and procedures relating to the creation of, access to, retention of and destruction of records.

Many of the clinical files in Tús Nua had loose pages and it was not easy to retrieve information.

A health and safety statement was available in St. Christopher's Ward. Food safety reports were made available to the Inspectorate. Documentation of inspections relating to fire was not made available to inspectors following a request to examine it. The approved centre was asked, subsequent to the inspection, to forward a copy of the most recent fire inspection report but failed to do so. The Inspectorate then sought this information pursuant to section 53 of the Mental Health Act 2001. The fire inspection report was subsequently forwarded to the Inspectorate within the specified time frame.

**Breach:** 27(1)

**Article 28: Register of Residents**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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 inspection of this Article was based on self-assessment.

**Article 29: Operating policies and procedures**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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:**

All policies required under the Regulations were reviewed at least every three years.

**Article 30: Mental Health Tribunals**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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 inspection of this Article was based on self-assessment.

**Article 31: Complaint Procedures**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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 inspection of this Article was based on self-assessment and the approved centre had written operational policies and procedures relating to the making, handling and investigating complaints.

**Article 32: Risk Management Procedures**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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>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>			

**Justification for this rating:**

The approved centre had a comprehensive written risk management policy in place that covered all matters as described in this Article.

All of the individual clinical files inspected on Tús Nua ward had up-to-date risk assessments.

All the individual files inspected on St. Elizabeth's ward had completed risk assessments appropriate to the needs of older persons.

**Article 33: Insurance**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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 insurance certificate was examined by the Inspectorate and was satisfactory.

**Article 34: Certificate of Registration**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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 Certificate of Registration was displayed in a prominent area inside the entrance lobby of the approved centre.

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

### SECLUSION

**Use:** Seclusion was used in St. Christopher's Ward. There had been 17 episodes of seclusion from January 2011 to the date of inspection. One resident had recently been secluded and his clinical file was examined. There were no seclusion facilities in St. Enda's, Tús Nua or St. Elizabeth's wards.

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	NOT APPLICABLE			
13	Child patients	NOT APPLICABLE			

**Justification for this rating:**

The approved centre had an up-to-date policy on seclusion. The training register in relation to seclusion was examined and was satisfactory.

The seclusion room smelled very strongly of urine. There were no toilet or shower facilities.

The seclusion register was in order. Seclusion was documented in the clinical file. Next of kin had been informed. Seclusion had been discussed by the clinical team. There was an excellent checklist for seclusion.

**Breach:** 8.1, 8.2

**ECT (DETAINED PATIENTS)**

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**Use:** Electroconvulsive therapy was not used in the approved centre. There were no detained patients in the approved centre.

**MECHANICAL RESTRAINT**

**Use:** Mechanical means of bodily restraint was not used by the approved centre. Mechanical means of bodily restraint under Part 5 of the Rules was used.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
1	General principles	<b>NOT APPLICABLE</b>			
14	Orders	<b>NOT APPLICABLE</b>			
15	Patient dignity and safety	<b>NOT APPLICABLE</b>			
16	Ending mechanical restraint	<b>NOT APPLICABLE</b>			
17	Recording use of mechanical restraint	<b>NOT APPLICABLE</b>			
18	Clinical governance	<b>X</b>			
19	Staff training	<b>NOT APPLICABLE</b>			
20	Child patients	<b>NOT APPLICABLE</b>			
21	Part 5: Use of mechanical means of bodily restraint for enduring self-harming behaviour			<b>X</b>	

**Justification for this rating:**

The approved centre had a policy on the use of mechanical means of bodily restraint.

St. Enda's Ward: The clinical file of one resident who had a lap belt was examined by the Inspectorate. The resident was greeted and the lap belt was examined by the Inspectorate in the presence of a member of nursing staff and was satisfactory. The clinical file contained a contemporaneous record that specified that there was an enduring risk of harm to self; that the less restrictive alternative had been implemented without success; "lap belt" was specified; the situation where mechanical means of bodily restraint was being applied; the duration of the restraint; the duration of the order; and the review date.

St. Elizabeth's Ward: Mechanical restraint under Part 5 of the Rules Governing the Use of Mechanical Means of Bodily Restraint was used for two residents. The prescription for the restraint was out of date in both cases and there was no contemporaneous record in the clinical file of one of the residents describing the indication for its use.

**Breach:** 21.2, 21.5

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

**PHYSICAL RESTRAINT**

**Use:** The approved centre used physical restraint on St. Christopher’s Ward. There had been 15 episodes of physical restraint since January 2011 to the time of the inspection. One resident had been recently physically restrained and his clinical file was examined. No resident on Tús Nua or St. Elizabeth’s wards had been physically restrained.

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	<b>NOT APPLICABLE</b>			

**Justification for this rating:**

The approved centre had an up-to-date policy on physical restraint. The training register in respect of the provision of training in the prevention and management of aggression and violence (PMAV) was examined and was satisfactory.

The clinical practice form was in order. Physical restraint had been recorded in the clinical file, next of kin had been informed and the episode had been discussed by the clinical team.

## **ADMISSION OF CHILDREN**

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**Description:** A condition had been imposed by the Mental Health Commission on the approved centre's current registration as an approved centre that no child was to be admitted to the approved centre. No child had been admitted to the approved centre.

**NOTIFICATION OF DEATHS AND INCIDENT REPORTING**

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**Description:** The approved centre notified the Mental Health Commission of all deaths and incidents.

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:**

Four deaths had been reported to the Mental Health Commission. A record of incidents was available to the Inspectorate. The policy on risk management did not identify the risk manager.

**Breach:** 4.2

**ECT FOR VOLUNTARY PATIENTS**

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**Use:** ECT was not used in the approved centre. No resident was receiving ECT in another hospital at the time of inspection.

**ADMISSION, TRANSFER AND DISCHARGE**

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**Description:** There were admissions and transfers to and from St. Senan’s Hospital for the purpose of rehabilitation.

**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 and copies were available for staff. All admissions were planned. The approved centre was compliant with Article 23 of the Regulations on ordering prescribing, storing and administration of medication, with Article 29 on operating policies and procedures and with Article 32 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>X</b>		

**Justification for this rating:**

St. Enda’s ward: Admissions were planned through the Rehabilitation team. A full psychiatric and medical examination took place. A key worker was assigned. Each resident had an individual care plan and a risk assessment. There was no access to information on diagnosis or medication. There was compliance with Article 27 on the maintenance of records.

Tús Nua: Residents admitted to Tús Nua ward were known to the Rehabilitation team and admissions were generally planned. A full assessment of the resident was carried out at the time of admission which included a physical examination and risk assessment. The service operated a key-worker system. A number of residents in this ward did not have individual care plans. The individual clinical files inspected evidenced good liaison with primary care and community services.

**Breach:** 16.3 (c)

## 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:

Tús Nua: A number of residents had been transferred to both Wexford General Hospital and the approved centre in the Department of Psychiatry in Waterford General Hospital. The clinical files of some of these residents were reviewed. A copy of the Nursing Transfer form which contained valuable information relating to the resident was retained in the clinical file. There was also a copy of the referral letter in the file. Residents were accompanied by a member of staff.

St. Elizabeth's Ward: The clinical file of one resident who had been transferred to Wexford General Hospital was reviewed. The transfer had been requested by a member of CAREDOC which provided general practitioner cover at night and at week-ends. There was no contemporaneous medical note in the clinical file relating to the transfer and no copy of the referral letter was retained in the file. It was reported that the resident's relatives had been informed and that a member of staff accompanied the resident to the hospital.

**Breach:** 31.1, 31.2

**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>X</b>			

**Justification for this rating:**

St. Edna’s ward and St. Christopher’s ward: There had been no discharges from these wards.

Tús Nua: In general, residents were admitted for relatively short periods of time and were discharged, usually to home or supervised residences. Discharges were planned and follow-up arranged.

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

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**Description:** All residents in St. Christopher’s Ward had an intellectual disability.

*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:**

The approved centre did not have a policy in place that reflected the principles contained in this Code of Practice. All residents on St. Christopher’s Ward had an individual care plan. Education and training for staff that supported the principles and guidance in this Code of Practice had commenced.

The environment was totally unsuitable for residents with an intellectual disability and lacked opportunity for engagement with meaningful activities.

**Breach:** 5, 10.2, 10.3

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

**SECTION 60 – ADMINISTRATION OF MEDICINE**

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**Description:** No resident in the approved centre was detained under the Mental Health Act 2001.

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

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**Description:** A condition had been imposed by the Mental Health Commission on the approved centre's current registration as an approved centre that no child was to be admitted to the approved centre. No child was admitted to the approved centre.

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

### **SERVICE USER INTERVIEWS**

No resident on St. Christopher's Ward requested to speak with the Inspectorate. Residents were greeted during the course of the inspection. One resident on St. Enda's Ward requested to speak with the Inspectorate. The resident was generally happy with his care and treatment. Remaining residents were greeted during the course of the inspection.

### **OVERALL CONCLUSIONS**

St. Senan's Hospital was unsuitable for the care and treatment of residents. The approved centre was at the final stages of closure and was scheduled to finally close in January 2013. The admission wards, St. Clare's Ward and St. Anne's Ward had permanently closed on 4 April 2011. On the day of inspection 48 residents continued to be cared for and treated in an environment that was drab, desolate and depressing. Documentation relating to fire inspections was obtained by the Inspectorate pursuant to section 53 of the Mental Health Act 2001. Written confirmation that an appropriately qualified member of staff was on duty and in charge of the approved centre at night was also obtained by the Inspectorate pursuant to section 53 of the Mental Health Act 2001.

### **RECOMMENDATIONS 2011**

1. Part 5 of the Rules Governing the Use of Mechanical Means of Bodily Restraint must be complied with.
2. The residents with intellectual disability in St. Christopher's ward must have access to needs based therapies.
3. All residents must have individual care plans as described in the Regulations.
4. Each resident must have access to an appropriate range of therapeutic services and programmes in accordance with their individual care plan.
5. Better access to recreational activities must be provided to residents.
6. Each resident's general health needs must be assessed at least every six months.
7. Written information on resident's diagnoses and information on medication and its side-effects must be provided to all residents.
8. Each resident's privacy must be appropriately respected at all times.
9. Full clinical notes relating to the transfer of a resident should be kept and a copy of the referral letter relating to the transfer retained in the clinical file.
10. The bed in the sitting room of the female section of Tús Nua should be removed immediately.
11. The Risk Management Policy should identify the risk manager.
12. A policy in relation to the Code of Practice: Guidance for Persons working in Mental Health Services with People with Intellectual Disabilities must be formulated.