

Draft Report of the Inspector of Mental Health Services 2010

EXECUTIVE CATCHMENT AREA	Independent Sector
HSE AREA	Independent Sector
CATCHMENT AREA	Independent Sector
MENTAL HEALTH SERVICE	Independent Sector
APPROVED CENTRE	St. John of God Hospital, Limited
NUMBER OF WARDS	8
NAMES OF UNITS OR WARDS INSPECTED	St. Peter's Ward St. Paul's Ward St. Brigid's Ward Carrickfergus Carraig Dubh
TOTAL NUMBER OF BEDS	183
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced Re-inspection
DATE OF INSPECTION	18 November 2010

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

DESCRIPTION

This was an unannounced re-inspection of the approved centre following an announced Inspection on 10 August 2010. During the first inspection the Inspectorate discovered compliance issues with regard to Article 15 of Articles of the Regulations (S.I. No.551 of 2006), (Individual Care Plans) and subsequently wrote to the approved centre requesting a plan to address this breach and indicating that a follow-up inspection could be carried out within three months. On the day of this unannounced re-inspection, five wards were inspected in the approved centre.

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
St. Peter's Ward	18	15	General Adult
St. Paul's Ward	34	22	General Adult
St. Brigid's Ward	24	22	General Adult
Carrickfergus	24	20	Psychiatry of Old Age
Carraig Dubh	16	12	Psychiatry of Old Age

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	AUGUST 2010	NOVEMBER 2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		X
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	X	

Justification for this rating:

A random selection of all general adult (St. Brigid's Ward - five clinical files; St. Peter's Ward – nine clinical files; St. Paul's Ward – six clinical files) and psychiatry of old age team (Carraig Dubh – four clinical files; Carrickfergus – nine clinical files) clinical files were examined during the re-inspection. The approved centre had introduced a multidisciplinary individual care plan document to all the wards. Most of the clinical files examined had an individual care plan document but many were either incomplete or blank. The individual care plans that had been completed did not have a well documented set of goals with many only being reviewed by either doctors or nursing staff. There was no evidence of any health and social care staff input to many of the individual care plans.

Two consultant teams were piloting the new computer based Mental Health Information System (MHIS) in which the individual care plan was completed on the approved centre's computer based system. The individual care plans examined on the MHIS were completed to a high standard with a specific documented set of goals, outcomes and persons responsible for reviewing the individual care plan. There was a specific section on this computerised individual care plan to ensure that the resident discussed, received and signed a copy of their individual care plan, if they chose to do so.

It was obvious throughout the re-inspection that two general adult teams had not implemented individual care planning and there was no comprehensive reason given by the approved centre for this lack of input from the two general adult teams.

During the re-inspection the Inspectorate had particular concern about St. Peter's ward where medical and nursing staff were unable to demonstrate a clear understanding of individual care plans. Some residents who declined to complete a written collaborative individual care plan did not have any individual care plan documented in their file and the progress notes were identified by medical staff as the individual care plan. This was clearly not sufficient and was in breach of what was required. There was also confusion between nursing care plans and individual care plans with nursing staff seemingly unaware of the requirement for individual care plans and their responsibilities in this regard.

Breach: 15

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

St. Peter's was a very busy acute admissions ward that had 11 teams admitting to it. The Inspectorate noted a high level of activity on the day of the re-inspection, including a high level of phone calls and frequent attendance of various members of the multidisciplinary teams, all of which required the attention of nursing staff. The Inspectorate was concerned about the high level of staff activity on the ward as well as a lack of understanding, and indeed misunderstanding, about individual care plans, particularly as demonstrated by senior staff on the ward.

OVERALL CONCLUSIONS

This was an unannounced re-inspection of the approved centre which focused on the area of non-compliance with Article 15 (Individual Care Plan) following the announced Inspection on 10 August 2010.

Whilst it was encouraging to see a new document for individual care plans being implemented within the approved centre, it was discouraging to note that there still appeared to be a lack of understanding and cooperation by some staff in the approved centre that individual care plans were required under the Regulations for Approved Centres 2006, which was a Statutory Instrument under the Mental Health Act (2001). Many of the individual care plans examined were either partially completed or blank and there appeared to be no cooperation from two general adult teams to the concept of individual care planning or to the hospital's policy and procedures relating to individual care planning. There was no evidence to suggest adequate engagement by some staff with service users in individual care planning. The computerised individual care plans that were being piloted by two teams were excellent, and demonstrated that these staff had engaged in this new process. The approved centre should proceed with the introduction of this new system throughout the approved centre.

St. Peter's ward was a very busy acute admissions ward and the Inspectorate was concerned about the organisation, structure and clinical leadership on the ward.

RECOMMENDATIONS 2010

1. All residents must have an individual care plan as defined in the Regulations. All residents should be afforded an opportunity to be involved in the development and review of their individual care plan, to sign it and to receive a copy of it.
2. All consultant teams must implement an individual care plan for each resident.
3. A review of the structures and processes in St. Peter's ward should be conducted, including the number of teams admitting to the ward.