

Report of the Inspector of Mental Health Services 2008

HSE AREA	HSE Dublin Mid-Leinster
CATCHMENT	Laois/Offaly
MENTAL HEALTH SERVICE	Laois/Offaly
APPROVED CENTRE	St. Fintan's Hospital
NUMBER OF UNITS OR WARDS	2
UNITS OR WARDS INSPECTED	Rehabilitation Continuing Care
NUMBER OF RESIDENTS WHO CAN BE ACCOMODATED	27
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Announced
DATE OF INSPECTION	22 September 2008

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

INTRODUCTION

In 2008, there was a focus on continuous quality improvement across the Mental Health Service. 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 2007. Information was gathered from service user questionnaires, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

St. Fintan's Hospital had 27 residents in two wards within a large psychiatric hospital site. There was a total of 30 beds, with three vacancies on the rehabilitation ward. One consultant had responsibility for the two wards. The rehabilitation ward which included an intensive rehabilitation unit with four beds. There had been considerable success in operating a rehabilitation-focused service within the constraints of a deteriorating building. A number of outstanding decorative changes had been achieved.

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Rehabilitation	17	14	Rehabilitation
Continuing Care	13	13	Rehabilitation

There was an elderly population in the continuing care ward and a number of residents had intensive nursing needs.

RECOMMENDATIONS ARISING FROM THE 2007 APPROVED CENTRE REPORT

1. *The policies, procedures and protocols should be developed for St. Fintan's Hospital and reflect local practice [general recommendation].*

Outcome: This had been achieved.

2. *The necessary maintenance work identified in 2006 should be completed as a matter of urgency. [Male Ward 6]*

Outcome: The majority of this work had been achieved. There were plans to address the remaining issues but these had been held up by financial considerations.

3. *The refurbishment work should be completed as soon as possible in order to ensure the privacy and dignity of residents [Rehabilitation Ward]*

Outcome: This had been achieved on the male unit. Further work was required on the female unit.

MDT CARE PLANS 2008

There were excellent care plans in operation in St. Fintan's Hospital. These had been specifically developed for a rehabilitation service. There were regular team meetings that were attended by multidisciplinary team members. Residents signed their care plans although they were not given a copy. Therapeutic activities were outlined in individual care plans.

GOOD PRACTICE DEVELOPMENTS 2008

- In the rehabilitation service, a service user study was completed and reported. There had been formal feedback to the service users.
- An excellent care plan had been introduced and was regularly reviewed. Training in care planning had taken place.
- The activity area had moved to a more suitable site within the hospital.

SERVICE USER INTERVIEWS

No resident asked to meet with the Inspectorate.

2008 AREAS FOR DEVELOPMENT ON THE QUALITY, CARE AND TREATMENT MENTAL HEALTH ACT 2001 SECTION 51 (b)(i)

1. Any refurbishment work should be completed.

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

In 2008, the inspection focused on areas of non-compliance identified in 2007. In addition, the Inspectorate re-inspected compliance with all the Articles in Part Three of the Regulations (15–21 and 26) and the Rules and the Codes of Practice in each approved centre. In 2008, two new Codes of Practice were issued and compliance with them was inspected. Where conditions were attached, they were inspected in detail. Evidence of compliance was established through three strands:

- Inspection of compliance where there was a breach in 2007. This was cross-referenced with the action plan submitted to the MHC Standards and Quality Assurance Division.
- Written evidence requested prior to the inspection, for example policies.
- Evidence gathered during the course of the inspection from staff, service users, photographic evidence and photocopies.

2.1 EVIDENCE OF COMPLIANCE WITH CONDITIONS ATTACHED TO REGISTRATION

As no conditions were attached, this was not applicable.

2.2 EVIDENCE OF COMPLIANCE WITH REGULATIONS UNDER MENTAL HEALTH ACT 2001 SECTION 52 (d) ON 22 SEPTEMBER 2008

Article 12 (1-4): Communication

The service now had a policy that met the requirements of this Article.

Compliant: Yes

Article 15: Individual Care Plan

An excellent care plan was in operation. It was signed by the service user and had input from all team members.

Compliant: Yes

Article 16: Therapeutic Services and Programmes

Each resident had access to an appropriate range of therapeutic services and programmes in accordance with his or her individual care plan and these were easily accessible in the file. Health and Social Care professional staff could be accessed for residents on both wards. Referrals could be arranged through the general hospital for physiotherapy and speech and language therapy services if required.

Compliant: Yes

Article 17: Children's Education

This approved centre had not admitted a child since 1 November 2006.

Compliant: Not applicable

Article 18: Transfer of Residents

There was a policy in place that governed the process of transfers to other approved centres or hospitals. If residents were transferred to the acute unit they remained under the care of the rehabilitation team, ensuring continuity of care.

Compliant: Yes

Article 19 (1-2): General Health

The service was compliant with this Article.

Compliant: Yes

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

Information was available to residents that indicated who was involved in their care. Written information was available on diagnosis and medication. A range of information booklets were also available for the residents. The Irish Advocacy Network was now visiting the approved centre on a regular basis. A policy was in place.

Compliant: Yes

Article 21: Privacy

Significant work had been undertaken to ensure the residents' privacy and dignity was maintained.

Compliant: Yes

Article 22: Premises

Male Ward 6: The outstanding maintenance issues highlighted last year have nearly been addressed. The clinic room was still required, a room was available and the Inspectorate was informed that this issue would be addressed. Where required, residents had seating assessments by the occupational therapist and their needs were met accordingly.

Rehabilitation Ward: Work had been completed on the male side but the female side still required attention.

Breach: Maintenance work was still required on the female side of the rehabilitation ward.

Compliant: No

Article 25: Use of Closed Circuit Television (CCTV)

CCTV was not in use in the approved centre at the time of the inspection.

Compliant: Not applicable

Article 26: Staffing

The rehabilitation team had responsibility for the two wards. The skill mix of this team was appropriate to meet the assessed needs of the residents.

Compliant: Yes

Article 27: Maintenance of Records

The service was compliant with this Article.

Compliant: Yes

Article 29: Operating policies and procedures

All policies were in place and reflected local practice.

Compliant: Yes

Article 32: Risk Management Procedures

The only outstanding issue in this Article was that the policy on self harm/suicide was still in draft format.

Breach: The policy needs to be ratified.

Compliant: No

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

SECLUSION

The Inspectorate was informed that there were no seclusion facilities in the approved centre and seclusion was not used.

Compliant: Not applicable

ECT

The Inspectorate was informed that there were no ECT facilities in the approved centre.

Compliant: Not applicable

MECHANICAL RESTRAINT

The Inspectorate was informed that mechanical restraint was not used in the approved centre. There was a policy on the use of mechanical restraint.

The following table provides a summary of the Inspectorate’s findings in relation to compliance with the Rules for the Use of Mechanical Restraint.

SECTION	DESCRIPTION	COMPLIANCE REPORT
21	Part 5: Use of mechanical means of bodily restraint for enduring self-harming behaviour	Compliant. One resident had been prescribed restraint in the form of belts and bed rails. This was clearly documented in the clinical file. In addition, the team had developed a clinical risk sheet for this part of the Act. Minor amendments were suggested to the team.

Compliant: Yes

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

PHYSICAL RESTRAINT

The physical restraint clinical practice forms were inspected. Each restraint was well documented according to the MHC Code of Practice. A policy on the Use of Physical Restraint was issued in May 2007.

The following table provides a summary of the Inspectorate's findings in relation to compliance with the Code of Practice for the Use of Physical Restraint.

SECTION	DESCRIPTION	COMPLIANCE REPORT
2	Orders	Compliant
3	Resident dignity and safety	Compliant
4	Ending physical restraint	Compliant
5	Recording use of physical restraint	Compliant
6	Clinical governance	Compliant
7	Staff training	Compliant
8	Child residents	Not applicable

Compliant: Yes

ADMISSION OF CHILDREN

It was stated by the senior management team that the approved centre did not admit children.

Compliant: Not applicable

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

The following table provides a summary of the Inspectorate's findings in relation to compliance with the Code of Practice for the Notification of Deaths and Incident Reporting.

SECTION	DESCRIPTION	COMPLIANCE REPORT
2	Notification of deaths	Compliant
3	Incident reporting	Compliant
4	Clinical governance	Compliant

Compliant: Yes

ECT FOR VOLUNTARY PATIENTS

The Inspectorate was informed that there were no ECT facilities in the approved centre.

Compliant: Not applicable

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

On the day of inspection no resident was detained under the Mental Health Act 2001.

Compliant: Not applicable