<table>
<thead>
<tr>
<th>Community Healthcare Organisation</th>
<th>Area 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSE Area</td>
<td>South</td>
</tr>
<tr>
<td>Mental Health Service</td>
<td>Carlow/Kilkenny/South Tipperary</td>
</tr>
<tr>
<td>Approved Centre</td>
<td>Department of Psychiatry, St. Luke’s Hospital, Kilkenny</td>
</tr>
<tr>
<td>Number of Wards</td>
<td>2</td>
</tr>
</tbody>
</table>
| Names of Units or Wards Inspected | Acute Ward  
  Sub-acute Ward |
| Total Number of Beds            | 44     |
| Conditions Attached to Registration | Yes |
| Type of Inspection              | Unannounced re-inspection |
| Date of Inspection              | 12 and 13 March 2015 |
| Inspected By                    | Orla O'Neill, Assistant Inspector of Mental Health Services  
  Dr. Fionnuala O’Loughlin, Assistant Inspector of Mental Health Services, MCN08108  
  Dr. Susan Finnerty, Acting Inspector of Mental Health Services, MCN009711 |
| Acting Inspector of Mental Health Services | Dr. Susan Finnerty, MCN009711 |

**Summary**

The approved centre was in breach of the condition attached to its registration by the Mental Health Commission because it was not fully compliant with Article 15 (Individual Care Plan) of the Regulations.
DESCRIPTION

The Department of Psychiatry (DOP), St. Luke’s Hospital, Kilkenny was situated to the rear of the hospital campus and could be accessed through the main hospital or through its own separate entrance. The approved centre was on the ground floor and comprised two sections, an acute and a sub-acute section. The entrance doors to both sections were locked. Eight General Adult sector teams, two Psychiatry of Old Age teams and two Rehabilitation teams admitted residents to the DOP. There was a dedicated consultant psychiatrist post to look after all South Tipperary in-patients in the DOP.

The DOP had 49 residents at the commencement of the inspection on the 12 March 2015. The residents registered in the approved centre during the period of inspection included:

- Four residents who were on leave on the 12 March and five residents on leave on the 13 March.
- One resident transferred to the DOP, Waterford Regional Hospital on the 12 March and this was stated to be for the purpose of freeing up a bed for an admission.
- Another resident transferred to a community residence at 2130h in order to vacate a bed for another patient waiting to be admitted.
- One resident discharged on the evening of the 12 March. The ICP inspected on the 12 March did not include a discharge plan.
- Five residents were admitted to the DOP, St. Luke’s Hospital, Kilkenny on the 12 March. One of these admissions was during office hours. One resident was required to sleep in the seclusion room for a time, having spent the previous night in the Emergency Department, until a bed became available within the dormitory area. Three of the admissions took place in the evening.
- Sixteen patients were detained on the 12 March.
- Four residents were provided with one to one special care. In three cases, this was provided by a nurse and in one case by a healthcare assistant.
- One detained patient was absent without leave.

At the time of inspection, the bed occupancy level, the admission, transfer and discharge activity and the number of persons on leave, pointed to a busy approved centre. Staff provided bed occupancy figures for the preceding two years and occupancy levels frequently ran at over 100%. There was a bed management meeting held each Thursday and this was attended by the Executive Clinical Director, the Clinical Director, the consultant psychiatrists responsible for residents, senior nursing staff, social worker and team coordinators when available.
CONDITIONS

There was one condition attached to the registration of the DOP, St. Luke’s Hospital.

(A) The Mental Health Commission requires full compliance with Article 15 (Individual Care Plan) of S.I. No 551 of 2006; Mental Health Act 2001 (Approved Centres) Regulations 2006.

(B) The Mental Health Commission requires that ongoing clinical audits must be conducted, by appropriately qualified clinical persons external to the approved centre, as a cyclical process to monitor compliance with Article 15 (Individual Care Plan) of S.I. No 551 of 2006; Mental Health Act 2001 (Approved Centres) Regulations 2006 for each in-patient resident of each sector team to ensure improvement has been achieved and sustained. A sectorised report of the results of the ongoing clinical audit, naming each specific sector team, must be submitted to the Commission on 1st April 2014 and on the 1st of each month thereafter.

COMPLIANCE WITH CONDITIONS:

The service was in breach of Part (A) of the condition.
PART ONE: QUALITY OF CARE AND TREATMENT SECTION 51 (1)(b)(i) MENTAL HEALTH ACT 2001

DETAILS OF WARDS IN THE APPROVED CENTRE

<table>
<thead>
<tr>
<th>WARD</th>
<th>NUMBER OF BEDS</th>
<th>NUMBER OF RESIDENTS</th>
<th>TEAM RESPONSIBLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Psychiatry</td>
<td>44</td>
<td>45 plus 4 on leave</td>
<td>General Adult Psychiatry of Old Age Rehabilitation</td>
</tr>
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</table>
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

The registered proprietor shall ensure that each resident has an individual care plan.

[Definition of an individual care plan: “... a documented set of goals developed, regularly reviewed and updated by the resident’s multi-disciplinary team, so far as practicable in consultation with each resident. The individual care plan shall specify the treatment and care required which shall be in accordance with best practice, shall identify necessary resources and shall specify appropriate goals for the resident. For a resident who is a child, his or her individual care plan shall include education requirements. The individual care plan shall be recorded in the one composite set of documentation”.

<table>
<thead>
<tr>
<th>LEVEL OF COMPLIANCE</th>
<th>DESCRIPTION</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015 RE-INSPECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fully compliant</td>
<td>Evidence of full compliance with this Article.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substantial compliance</td>
<td>Evidence of substantial compliance with this Article but additional improvement needed.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

UNSATISFACTORY PERFORMANCE

<table>
<thead>
<tr>
<th>LEVEL OF COMPLIANCE</th>
<th>DESCRIPTION</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015 RE-INSPECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimal compliance</td>
<td>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Not compliant</td>
<td>Service was unable to demonstrate structures or processes to be compliant with this Article.</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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Inspectors examined 46 in-patient clinical files and focused on the individual care plans (ICPs).

The clinical files of the four residents admitted after the commencement of the inspection were not examined. This was because the multidisciplinary team (MDT) meetings had not yet taken place so there was no opportunity to develop multidisciplinary ICPs. Seven residents had been admitted within the previous two days prior to the inspection and one resident was admitted on the morning of the 12 March 2015. The clinical file of one of these residents was not inspected as the South Tipperary resident was on leave and the file was reported not to be available as the file followed the resident. The other seven clinical files were inspected and each contained an initial care plan.

The remaining 39 clinical files were also inspected. One resident did not have an ICP and, for this reason alone, the approved centre merited a rating of not compliant with Article 15. This resident’s MDT had completed an ICP review but this appeared to relate to an ICP which had been drawn up during a previous admission in the autumn of 2014. The absence of an ICP was confirmed by nursing and medical staff. The Regulations require that there is an ICP for each resident.

While there was an ICP in place for 38 residents, the quality was variable. Twenty ICPs did not meet the standard of full compliance for a variety of reasons. Those ICPs which did not meet the required standard generally failed to do so because the information recorded under:

- goals;
- action or intervention;
- MDT care planning and review; and
- identified resources

was of a poor standard or was inappropriate. Examples included the following:

- MDT input: Eighteen ICPs recorded nursing and medical input only in the development of ICPs. The regulatory standard is for MDT input to the development and review of ICPs.

- Appropriate Goals: The recording of goals in some ICPs showed a poor understanding of the purpose of ICPs. Some ICPs had inappropriate goals, such as “increase breathlessness and decrease oxygen saturation”; “deterioration of mental state if not treated”; “encourage compliance”; “admitted involuntary”. In some instances, goals were framed as staff goals rather than person-centred goals. For example, the desired goal for one resident was stated as “monitor chest pains, optimise sleep” which clearly reflected the staff’s aims. In one case, the resident was deemed responsible for “referral to occupational therapy, encouraging ADLs, engaging with social worker” and “discussing community supports when arranging follow-up for discharge”. One elderly resident with psychotic depression was charged, along with the key nurse, with helping “develop coping skills, use of CBT”, “monitor mood and behaviours, provide information re medication”.

- Specified interventions: Some ICPs also showed a lack of clarity between needs and interventions or means to an end. The recorded need for one resident was “activities”, desired goal was “daily attendance at ward activities” and the action was “awaiting improvement in mental state”. This remained the status of this component of the ICP for three months as the resident did not attend activities. There was no specification in the ICP of the type, context or...
aim of appropriate activities. One ICP had the need “Mental Health”; the goal of “Improve Mental Health” and the action of “Observe and review medication”. This was vague and unspecific. In the case of two residents, the ICPs did not list specified interventions but instead had “allow time to express emotion”, “encourage groups and meetings” – without identifying which groups and for what reason, and “monitor and observe” as a specific intervention to meet the need which was documented as “mental health”.

- Identification of necessary resources: Several ICPs contained inadequate specification of resources required to deliver targeted actions or interventions. In eight cases, the person responsible was designated as “nursing staff”; “MDT” or “team” rather than a designated staff member.

Those ICPs which were judged to meet the Regulatory standard contained: a formal needs assessment; MDT input to the development and review of the ICP; specific goals and associated actions; and an identified member of staff with responsibility for delivering specified interventions. All residents were offered a copy of their ICP and had input into their ICP prior to the team meeting. Residents signed their ICP and where this was not done the reason was stated.

Of note was that the admission assessments included risk assessment and a risk management plan which was well recorded and was factored into the ICPs. The ICP template document contained a heading titled “Risk Assessment and Management Plan”. The clinical progress notes inspected generally recorded an account of communication with residents and a description of residents’ behaviours and views.

At the time of inspection, there were five locum consultant psychiatrists in place in the Carlow/Kilkenny/South Tipperary Mental Health Services. The consultant-led team with responsibility for the South Tipperary in-patients in the DOP, St. Luke’s Hospital, comprised a locum consultant psychiatrist, one non consultant hospital doctor (NCHD) and nursing staff. The ICPs for South Tipperary residents, with one exception, featured nursing and medical input only. There were MDT members on the South Tipperary sector teams and input to the ICP process must be provided to meet the required regulatory standard. MDT input is essential to ensure that residents have the benefit of a range of viewpoints, expertise and skills in care planning and in the timely provision of medical, nursing and psycho-social interventions. The service should explore options to provide this input including teleconferencing.

The approved centre was not compliant with Article 15 of the Regulations because

a) One resident did not have an ICP for this admission;

b) Goals were inappropriate in some ICPs;

c) Actions or interventions were sometimes vague and unspecific;

d) MDT care planning and review did not take place in 18 ICPs; and

e) Several ICPs contained inadequate specification of resources required to deliver targeted actions or interventions

**Breach: 15**
OVERALL CONCLUSIONS OF THIS INSPECTION

This re-inspection was focused on ICPs. The approved centre was found to be non-compliant with Article 15 Individual Care Plan and therefore in breach of the condition that the Mental Health Commission requires full compliance with Article 15 (Individual Care Plan) of S.I. No 551 of 2006; Mental Health Act 2001 (Approved Centres) Regulations 2006.

Inspectors met with senior staff for a provisional feedback meeting on the second day of the inspection visit. Inspectors were interested to discuss what actions the service had taken to address the requirements of the condition attached to registration of the DOP, to provide feedback on the inspection and to discuss any issues arising.

The service had developed an ICP template document on the 5 June 2014. Staff training sessions in the use of this ICP document had been provided. This ICP template contained good data fields and was well designed and laid out. It was evident that staff invested commitment and work in the development of the ICP template, the regular audit of ICPs and the completion of ICPs at the weekly MDT meetings. Staff reported that their focus had been on “conformance” or ensuring each MDT complied with completing the ICP forms. This appeared to skew the focus onto the completion of data fields on the ICP document with insufficient heed paid to the quality and appropriateness of recorded content. Thus, the functional purpose of ICPs to inform and support a partnership approach to care was compromised by poor and inadequate information. The Regulations specify a standard for ICPs which supports quality care and treatment, self-determination and recovery for residents.

The following was discussed: the lack of MDT input to the development and review of some ICPs and the poor quality of content recorded in those ICPs which had been identified as not compliant. The Clinical Director advised that a senior member of staff had been attending each MDT meeting to make certain that ICPs were completed and that all MDT staff would now include a focus on the quality of content to ensure the required standard is met. The responsibility for ICPs lies with the registered proprietor; however, responsibility lies in the first instance with the treating consultant psychiatrist and MDT members.

It should be possible with a modicum of input for the approved centre to achieve full compliance. This would require that MDT input be provided and recorded and, that attention is paid to the quality of content recorded on the ICPs.

RECOMMENDATIONS

1. The registered proprietor and each multidisciplinary team must ensure that individual care plans meet the regulatory standard.

2. The seclusion room must not be used as a bedroom.

3. Residents should be transferred for the purpose of appropriate care and treatment and not for the purpose of freeing up a bed.