

Report of the Inspector of Mental Health Services 2008

HSE AREA	HSE South
CATCHMENT	Carlow Kilkenny
MENTAL HEALTH SERVICE	Carlow Kilkenny
APPROVED CENTRE	St. Dymphna's Hospital
NUMBER OF UNITS OR WARDS	3
UNITS OR WARDS INSPECTED	St. Patrick's St. Anne's
NUMBER OF RESIDENTS WHO CAN BE ACCOMODATED	55
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Announced
DATE OF INSPECTION	5 June 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. Dymphna's Hospital had a total of 52 residents. The approved centre had only long-stay beds and no detained patients. Three wards were still open in the psychiatric hospital, which is an old building. Much of the empty space provided offices for administration and clinical space for community care services within the HSE.

The facilities and care for people with an intellectual disability who were resident in the hospital in Kelvin Grove were unsatisfactory in 2007 but this had now been addressed by relocation of residents to a satisfactory interim unit and the construction of a new unit due for completion in early 2009.

The lack of a rehabilitation service and input from psychology, social work and occupational therapy was evident from the lack of team meetings, implemented care plans and therapeutic activities based on assessed need.

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
St. Patrick's	20	19	Rehabilitation
St. Anne's	15	15	Sector team
St. Mary's	20	18	Psychiatry of Later Life

RECOMMENDATIONS ARISING FROM THE 2007 APPROVED CENTRE REPORT

1. *Kelvin Grove should close immediately. A MDT with expertise and experience in working with people with an intellectual disability must individually assess each resident.*

Outcome: Kelvin Grove had closed down. The residents had been transferred to St. Anne's Ward. Kelvin Court, a new housing development, is currently being built and was viewed by the Inspectorate.

2. *A full MDT in rehabilitation should be appointed.*

Outcome: This had not been achieved.

3. *A plan for the closure of the hospital should be developed and agreed with set time frames.*

Outcome: The service was obliged to present plans for the closure of St. Dymphna's Hospital to the HSE by the end of 2008. A purpose-built unit for residents in St. Anne's Ward was due to open in early 2009 with 17 beds, three 5-bed bungalows and two single-bed self-contained apartments. An 8-bed 24-hour-supervised residence was ready and will be opened by end of October 2008.

MDT CARE PLANS 2008

A multidisciplinary team care plan was being piloted in the Department of Psychiatry in St. Luke's Hospital, Kilkenny. It had been piloted on St. Patrick's Ward on one resident. The service gave a time frame of September 2008 for completion of individual care plans for all residents as defined in the Regulations.

There were no multidisciplinary team meetings due to absence of available multidisciplinary staff and there were no regular team meetings with nursing and medical staff. Following factual correction, the Inspectorate was informed that the sector teams met on a weekly basis.

GOOD PRACTICE DEVELOPMENTS 2008

- The continued development of Greenbanks as a crisis facility with an outreach service. A recent audit has shown a considerable reduction in bed-stay days in the Carlow area in the two years since commencement of the outreach service.
- The policy group had updated most policies in line with the Regulations and Rules.
- A Carlow/Kilkenny biannual newsletter had been published and circulated to inform service users across the services.
- A monthly professional development schedule had commenced with a schedule some months in advance in order to facilitate staff attendance.
- The Tullow service, which previously had a three-month waiting time for first time referrals to see the consultant psychiatrist, had been enhanced in an initiative in which three CNSs continually assessed and supported individuals with mental health problems who were waiting to see the consultant psychiatrist.
- The South Sector team had moved to new premises where clinics were also held. Feedback from service users, who attended this clinic in St Dymphna's Hospital, had been positive.
- The new unit for people with intellectual disability in St. Anne's Ward was progressing with a full completion date in early 2009.
- An eating disorder conference had recently been held in Carlow.

SERVICE USER INTERVIEWS

A number of residents were interviewed in St. Patrick's Ward. Three residents stated that they carried out no activities during the day apart from watching TV, walking and listening to music.

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

1. Individual care plans for each resident must be introduced.
2. Therapeutic services and programmes based on assessed need must be provided for residents in accordance with their individual care plans.
3. Residents must be provided with information in an understandable form and language.
4. Funding should be made available for dedicated health and social care professionals on the teams to enhance the quality of care and treatment to residents.
5. There is a need for a fully resourced MDT rehabilitation service.

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

INTRODUCTION

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 5 JUNE 2008

Article 6 (1-2) Food Safety

This was examined by the Inspectorate on the day of inspection.

Compliant: Yes

Article 8: Residents' Personal Property and Possessions

The approved centre now had a policy in relation to this Article.

Compliant: Yes

Article 9: Recreational Activities

Some residents attended the Dolmen and Dove centres. Each resident had an individual recreational activity plan.

Compliant: Yes

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

The approved centre was now in compliance with this Article.

Compliant: Yes

Article 15: Individual Care Plan

The service was piloting an individual care plan in the Department of Psychiatry in St. Luke's Hospital, Kilkenny. However, it had yet to be established in this approved centre. A time frame for September 2008 for the full roll-out of this care plan was given to the Inspectorate by the service. There were no regular clinical meetings on St. Patrick's Ward.

Breach: Article 15

Compliant: No

Article 16: Therapeutic Services and Programmes

There were very few therapeutic activities available for the residents in the approved centre and none linked to individual care plans. A temporary snoezelen multisensory room had been established on St. Anne's Ward. A number of pieces of appropriate equipment had been purchased and were in use on St. Anne's Ward. A small number of residents in St. Patrick's Ward could attend activities in the Dolmen Centre. However there were no therapeutic activities available on the ward for those who did not attend the Dolmen Centre.

Breach: Article 16 (1)(2)

Compliant: No

Article 17: Children's Education

This was not applicable as the approved centre did not admit children.

Compliant: Not applicable

Article 18: Transfer of Residents

The approved centre was compliant with this Article.

Compliant: Yes

Article 19 (1-2): General Health

Routine screening was now being carried out for breast cancer, cervical cancer and prostate cancer. All residents had an up-to-date physical examination. The residents in St. Annes Ward were near completion of the dental, ophthalmic, speech and language, occupational therapy and psychology programme as per action plan submitted in 2007. The approved centre was now compliant with this Article.

Compliant: Yes

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

An information leaflet was available for residents but this was being revised and updated. Notices regarding advocacy services were displayed within the hospital. A written operational policy and procedures for the provision of information to residents was for review in July 2010. Information on the residents' diagnosis and information on indications for use of all medications to be administered to the residents, including any possible side effects, were not provided to the resident; following factual correction, the Inspectorate was informed that these were now provided. The service undertook to complete this as part of the individual care plan due for implementation in September 2008. A web-based service was also being developed.

Breach: Article 20 (1)(e)

Compliant: No

Article 21: Privacy

The approved centre was compliant with this Article.

Compliant: Yes

Article 22: Premises

The approved centre was compliant with this Article.

Compliant: Yes

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

The approved centre was compliant with this Article.

Compliant: Yes

Article 25: Use of Closed Circuit Television (CCTV)

CCTV was not used.

Compliant: Not applicable

Article 26: Staffing

The HSE South staffing policies were available for recruitment selection and vetting of staff. An assistant director of nursing grade was on duty both day and night within the approved centre.

Staff had access to education and training. All staff had been trained on the Mental Health Act 2001. Copies of the Act, Regulations, Rules and Codes of Practice were available to all staff. There were no social workers, psychologists or occupational therapists attached to any team or unit within the approved centre; staffing consisted entirely of medical and nursing staff.

Breach: Article 26 (2)

Compliant: No

Article 27: Maintenance of Records

The approved centre was compliant with this Article.

Compliant: Yes

Article 28: Register of Residents

The approved centre was compliant with this Article.

Compliant: Yes

Article 29: Operating policies and procedures

All policies were in operation in the approved centre.

Compliant: Yes

Article 30: Mental Health Tribunals

No detained patients had been admitted since 1 November 2006.

Compliant: Not applicable

Article 32: Risk Management Procedures

A policy was now in place.

Compliant: Yes

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

SECLUSION

The approved centre no longer used seclusion. A statement stating this was provided by the service.

Compliant: Not applicable

ECT

The approved centre did not use ECT.

Compliant: Not applicable

MECHANICAL RESTRAINT

Staff reported that mechanical restraint was not in use.

SECTION	DESCRIPTION	COMPLIANCE REPORT
21	Part 5: Use of mechanical means of bodily restraint for enduring self-harming behaviour	The approved centre was compliant. There was a policy on mechanical restraint.

Compliant: Yes

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

PHYSICAL RESTRAINT

Staff reported that physical restraint was not in use. A policy on physical restraint stated this.

Compliant: Not applicable

ADMISSION OF CHILDREN

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 approved centre did not use ECT.

Compliant: Not applicable

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

This was not applicable as the approved centre had no detained patients.

Compliant: Not applicable