Report of the Inspector of Mental Health Services 2008

HSE AREA	HSE South
CATCHMENT	Kerry
MENTAL HEALTH SERVICE	Kerry
APPROVED CENTRE	St. Finan's Hospital
NUMBER OF UNITS OR WARDS	6
UNITS OR WARDS INSPECTED	St. Paul's
NUMBER OF RESIDENTS WHO CAN BE ACCOMODATED	60
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Announced
DATE OF INSPECTION	11 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. The Inspectorate team met with the clinical director, the acting director of nursing, the hospital administrator, the senior registrar in rehabilitation and the CNM2s on each of the units and facilitated a feedback meeting following the inspection.

DESCRIPTION

St Finan's Hospital was an approved centre under the Mental Health Act 2001. Care continued to be provided in six wards despite assurances at last year's inspection that Our Lady's Ward was due for closure and the residents were to be transferred to O'Connor West Unit. The Inspectorate can see no justification for keeping Our Lady's Ward open.

National mental health policy recommends that all mental hospitals should close and the Inspectorate were informed that this was an agenda item on the six weekly heads of discipline meetings. In addition the clinical practice development nurse had compiled a report outlining the plans to move to a more appropriate environment.

However, there were no specific time frames for transfer of residents to other appropriate settings to facilitate closure and staff reported that a small but regular number of residents continued to be transferred from the Acute Mental Health Admission Unit, Kerry General Hospital to St. Finan's.

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
St. Martin's	8	8	Rehabilitation
St. Peter's	8	8	Rehabilitation
O'Connor East	15	15	Rehabilitation
O'Connor West	8	8	Rehabilitation
St. Paul's	14	14	Sector Team
Our Lady's	7	7	Sector Team

RECOMMENDATIONS ARISING FROM THE 2007 APPROVED CENTRE REPORT

1. The rehabilitation team must be resourced with multidisciplinary team members necessary to expedite the closure of the hospital, further develop the service and enhance the quality of care for the residents.

Outcome: A clinical psychologist had taken up post in March 2008 and a social worker had taken up post in September 2007 (although both these posts are shared with sector teams). Two CNS posts were filled in an acting capacity and the Inspectorate understood that permanent recruitment to these posts was dependent on the closure of Our Lady's Ward. The occupational therapy vacancy had not been filled and the recruitment to this post was now held up by the HSE embargo on employment.

2. A programme of activities should be put in place that meets the assessed needs of residents.

Outcome: This had been commenced in conjunction with the introduction of the multidisciplinary team (MDT) individual care plans on the units under the clinical direction of the rehabilitation team but not on the other units.

3. A system of MDT care planning should be developed.

Outcome: The rehabilitation team had begun using MDT individual care plans. The two elderly care units, St Paul's and Our Lady's, had not developed MDT individual care plans.

4. The maintenance issues on St. Martin's Ward should be addressed.

Outcome: The unit had been repainted and was bright and clean. However, plans for significant refurbishment of the bathrooms and toilet areas had not begun. These facilities were in an unacceptable condition and must be upgraded.

5. Policies, procedures and protocols should be developed and operationalised to reflect local practice in line with the Regulations, Rules and Codes of Practice.

Outcome: The service had implemented a number of policies in relation to the Regulations, but the following policies were not in place: visitors [Article 11 (6)], searches [Article 13 (10)], responding to medical emergencies [Article 19 (2)] and the provision of information to residents [Article 20 (2)].

MDT CARE PLANS 2008

All members of the rehabilitation team in post at the time had been involved in the development and implementation of the care plan, which resulted in medical, nursing and social needs being included in the initial assessment. To facilitate continuous quality improvement, the team had planned formal reviews of the care planning process over time. This forum was to provide an opportunity for the newly recruited clinical psychologist, and occupational therapist when recruited, to have input to the initial assessment.

The team were in the process of reviewing the residents in the four wards they had responsibility for and compiling the multidisciplinary care plans following the review. The team met on a weekly basis. The care plan was based on an initial up-to-date assessment of the resident. A key worker was allocated (a member of the nursing staff from both shift rosters). A pre-care plan review was completed by the key worker, with the resident where possible. The team had devised a scoring system that measured need and goals were identified for the resident to meet. The team had set a target of reviewing each care plan on a six-monthly basis, but reported that in reality three-monthly reviews would be completed.

The residents on St. Paul's and Our Lady's wards did not have MDT care plans. The Inspectorate was concerned that the planned transfer of residents from Our Lady's Ward to O'Connor West had not happened and that these residents were therefore not in receipt of an MDT care plan. This further highlighted the necessity to close this ward.

GOOD PRACTICE DEVELOPMENTS 2008

- The additional posts in the rehabilitation team.
- The implementation of MDT care plans on four wards.

SERVICE USER INTERVIEWS

A number of residents were introduced to the Inspectorate but none asked to meet specifically.

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

1. A specialist care of the elderly team is required for the residents on St. Paul's Ward.

2. All residents must have an MDT care plan.

3. The rehabilitation team should fill its vacant posts. Each post should be full time with the team.

4. Therapeutic services and programmes must be provided in accordance with care plans.

5. The provision of information in an appropriate format to the residents on the wards.

6. The bathroom and toilet areas on St Martin's Ward must be addressed.

7. The remaining outstanding policies must be implemented as outlined under recommendation 5 from last year's inspection report.

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.

St. Paul's Ward was inspected in detail for compliance with the Regulations, Rules, Codes of Practice and Section 60 and 61, MHA. On the day of the inspection, there were four detained patients on St Paul's.

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 11 JUNE 2008

Article 8: Residents' Personal Property and Possessions

The service was compliant with this Article.

Compliant: Yes

Article 11 (1-6): Visits

A policy on visits was submitted to the Inspectorate.

Compliant: Yes

Article 12 (1-4): Communication

The service was compliant with this Article.

Compliant: Yes

Article 13: Searches

Searches were not carried out on St. Paul's Ward. An operational policy was submitted to the Inspectorate in relation to the finding of illicit substances.

Compliant: Yes

Article 15: Individual Care Plan

There were no multidisciplinary team (MDT) care plans on St. Paul's Ward, although the nursing care plans were up-to-date and relevant to the needs of the residents. The service reported that this would be addressed by year end.

The rehabilitation team had introduced multidisciplinary team care planning on the wards they had responsibility for.

Breach: Not all residents had an MDT care plan [Article 15].

Compliant: No

Article 16: Therapeutic Services and Programmes

Individual care plans had been implemented for some residents specifying the therapeutic services and programmes required for the resident based on assessment of need.

Breach: Therapeutic services and programmes are required to be linked to the residents individual care plan [Article 16 (1)] but not all residents had an individual MDT care plan.

Compliant: No

Article 17: Children's Education

The service did not admit children and provided a statement to the Inspectorate confirming this.

Compliant: Yes

Article 18: Transfer of Residents

The service was compliant with this Article.

Compliant: Yes

Article 19 (1-2): General Health

All residents had access to the designated GP for the hospital. The GP visited St. Paul's daily. The clinical files reviewed contained evidence that residents had had physical examinations every six months.

Following inspection the service reported that a policy on responding to medical emergencies had been developed and was being circulated for comment with a view to implementation within 3 months.

Breach: The service did not have a policy for responding to medical emergencies [Article 19 (2)].

Compliant: No

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

No written information was available for the residents. The Irish Advocacy Network did not visit the wards but a contact number was available. Following inspection the service reported that an information booklet for residents would be developed by year end.

Breach: No policy was in place in relation to the provision of information to residents [Article 20 (2)].

Compliant: No

Article 21: Privacy

The Inspectorate was informed of a number of options that had been explored to ensure privacy for residents on St. Peter's, none of which were reported to be suitable in terms of balancing the residents' right to privacy with the risk of harm to residents and staff. Following inspection the service reported that further consultation would take place with the engineer about options.

Breach: Privacy was an issue on St Peter's, where there were four residents sharing a dormitory with no means of securing privacy from each other while dressing, undressing or sleeping.

Compliant: No

Article 22: Premises

The hospital administrator reported that the refurbishment of the bathroom and toilet areas on St. Martin's Ward had gone for tender at the time of the inspection. These areas remained in poor condition with paint peeling and outdated facilities.

Breach: The bathroom and toilet area on St Martin's was not in an acceptable condition for use by the residents.

Compliant: No

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

The service was compliant with this Article.

Compliant: Yes

Article 25: Use of Closed Circuit Television (CCTV)

CCTV was not used in the service for the observation of residents.

Compliant: Not applicable

Article 26: Staffing

Residents on the elderly care units did not have access to a core multidisciplinary team or to a psychiatry of later life specialty team. They also had poor access to speech and language therapists and dieticians, despite their needs. The service reported that there were resource issues impacting on this situation. Staff reported that there was good access to physiotherapists when requested. Following inspection, the service reported that a steering group and sub-groups were being established and part of the brief would be to look at appropriate use of trained healthcare assistants.

Breach: The skill mix in the service was not sufficient to meet the needs of the residents [Article 26 (2)].

Compliant: No

Article 27: Maintenance of Records

The service was compliant with this Article.

Compliant: Yes

Article 29: Operating policies and procedures

The policies all had dates of implementation and dates when they were due for review for review.

Compliant: Yes

Article 31: Complaint Procedures

A record of complaints was reviewed by the Inspectorate. The complaints policy had been updated and was in order.

Compliant: Yes

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

SECLUSION

St Martin's Ward was inspected in detail for compliance. The documentation in relation to seclusion was of a high standard. The Inspectorate welcomed the substantial decrease in the rates of seclusion since last year's inspection and commended the staff on the introduction of behaviour therapy to facilitate this.

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

SECTION	DESCRIPTION	COMPLIANCE REPORT
2	**Orders**	Compliant
3	**Patients' dignity and safety**	Compliant
4	**Monitoring of the patient**	Compliant
5	**Renewal of seclusion orders**	Compliant
6	**Ending seclusion**	Compliant
7	**Facilities**	Compliant
8	**Recording**	Compliant
9	**Clinical governance**	Compliant
10	**Staff training**	Non-compliant
11	**CCTV**	Not applicable
12	**Child patients**	Not applicable

Breach: Staff were not receiving regular or refresher courses in physical restraint [Section 10].

Compliant: No

ECT

None of the residents were receiving ECT and the service had no ECT facility. The approved centre submitted a statement to the Inspectorate confirming that ECT was not used.

Compliant: Not applicable

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
14	**Orders**	Not applicable
15	**Patient dignity and safety**	Compliant
16	**Ending mechanical restraint**	Not applicable
17	**Recording use of mechanical restraint**	Not applicable
18	**Clinical governance**	Compliant
19	**Staff training**	Compliant
20	**Child patients**	Not applicable
21	**Part 5: Use of mechanical means of bodily restraint for enduring self-harming behaviour**	The clinical files reviewed contained evidence of compliance with Part 5

Compliant: Yes

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

PHYSICAL RESTRAINT

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**	Non-compliant. The service reported that training was on hold due to confusion and indecision at regional and national level as to the most appropriate and best practice in this area.
8	**Child residents**	Not applicable

Breach: Regular training of staff in physical restraint techniques was not being provided [Section 7.1(b), Section 7.1(c)] and records of staff training were not up to date [Section 7.2].

Compliant: No

ADMISSION OF CHILDREN

Children were not admitted to this service. The approved centre provided a statement confirming this practice.

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**	Not applicable

Compliant: Yes

ECT FOR VOLUNTARY PATIENTS

None of the residents was receiving ECT and the service had no ECT facility.

Compliant: Not applicable

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

Section 61 was not applicable. Section 60 requirements were in order in the clinical files reviewed.

Compliant: Yes