

Report of the Inspector of Mental Health Services 2012

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	South Lee, West Cork, Kerry
HSE AREA	South
MENTAL HEALTH SERVICE	Kerry Mental Health Services
APPROVED CENTRE	O'Connor Unit (East and West Wings) Killarney
NUMBER OF WARDS	2
NAMES OF UNITS OR WARDS INSPECTED	O'Connor Unit East O'Connor Unit West
TOTAL NUMBER OF BEDS	32
CONDITIONS ATTACHED TO REGISTRATION	Yes
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	16 October 2012

Summary

- There was a significant improvement in compliance with the Regulations since the inspection in 2011.
- The main building of St. Finan's Hospital had now closed. There were no admissions or transfers to the approved centre.
- The Rehabilitation and Recovery Team lacked multidisciplinary staffing. In particular the service required an occupational therapist.

OVERVIEW

In 2012, the Inspectorate inspected this Approved Centre against all of the Mental Health Act 2001 (Approved Centres) Regulations 2006.

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 2011. In addition to the core inspection process information was also gathered from self-assessments, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

The main hospital building (St. Finan's Hospital) had now closed; the last remaining ward, St. Peter's Ward, closing three weeks prior to the inspection. St. Martin's Ward had also closed during 2012. All residents were now accommodated in O'Connor Unit West (11 female residents) and O'Connor Unit East (19 male residents) on the campus of St. Finan's Hospital. The remaining seven male residents from St. Peter's Ward had been transferred to O'Connor Unit East which resulted in a differing mix of residents' needs that made providing appropriate care difficult. For example there were younger residents who had a psychosis in the same unit as elderly immobile residents who required almost full nursing care. There was one detained resident in the approved centre.

The approved centre no longer admitted residents or accepted transfers from the Acute Mental Health Admission Unit, Kerry General Hospital.

The O'Connor Units were old fashioned. However a new 40 bed unit was planned and due to open in 2014 which would replace the O'Connor Units.

The following Conditions were attached to the registration of St. Finan's Hospital:

1. The Mental Health Commission requires the cessation of direct admissions of residents to St. Finan's Hospital with effect from 12 December 2011.
2. The Mental Health Commission requires the cessation of the transfer of residents from the Acute Mental Health Admission Unit, Kerry General Hospital to St. Peter's Ward in St. Finan's Hospital by no later than 31 January 2012.
3. (a) The Mental Health Commission requires the transfer of all residents in St. Peter's Ward of St. Finan's Hospital to appropriate accommodation, in accordance with the ongoing assessed needs of the residents and the provisions of the Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre, by no later than 30 September 2012.

(b) The Mental Health Commission requires records of all Governance Meetings held to achieve the full implementation of the condition (a) above. These records will be required to detail (i) the actions planned to achieve full implementation, (ii) the time frames for completion, (iii) the names of the persons responsible for full implementation, and (iv) evidence of ongoing consultations with appropriate stakeholders, including family members, local authorities, the National Asset Management Agency, and all other relevant stakeholders. The records of the Governance Meetings are required initially on a fortnightly basis, with the first record required within a fortnight of the condition being attached.

(c) The Mental Health Commission requires the name, job title, contact telephone number, full postal address and email address of the person assigned full responsibility for the full implementation of the condition in (a) above.

SUMMARY OF COMPLIANCE WITH MENTAL HEALTH ACT 2001 (APPROVED CENTRES) REGULATIONS 2006

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	18	16	24
Substantial Compliance	4	2	5
Minimal Compliance	3	5	0
Not Compliant	4	6	0
Not Applicable	2	2	2

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

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
O'Connor Unit East	20	19	Rehabilitation and Recovery
O'Connor Unit West	12	11	Rehabilitation and Recovery

QUALITY INITIATIVES 2011/2012

- Lime Grove Activity Centre continued to provide a number of therapies and activities to both in-patient and outpatients.
- One session of art and one occupational therapy session a week was available in the approved centre.
- There were plans to improve services through the use of feedback from residents.
- The main St. Finan's Hospital building had now closed and there was a reduction in the in-patient population to 32.

PROGRESS ON RECOMMENDATIONS IN THE 2011 APPROVED CENTRE REPORT

1. The Hospital must close as a matter of urgency.

Outcome: The main building of St. Finan's Hospital had now closed. The remaining residents were accommodated in the O'Connor Unit in the grounds of St. Finan's Hospital.

2. All admissions to St. Finan's Hospital must cease immediately.

Outcome: This had been achieved.

3. All transfers from the Acute Unit in Tralee General Hospital must cease immediately.

Outcome: This had been achieved.

4. The post of occupational therapist on the Rehabilitation and Recovery Team should be filled as soon as possible.

Outcome: There was still no occupational therapist on the Rehabilitation and Recovery Team. However there was one session of occupational therapy per week in the approved centre which was insufficient.

5. There must be a choice of food at mealtimes and a menu for residents must be displayed and drinking water made available for residents.

Outcome: This had been achieved.

6. All residents must be afforded privacy in bedroom areas.

Outcome: Privacy was respected in the bedroom areas.

7. There should be sufficient and appropriate furniture to cater for all residents in the dining rooms.

Outcome: There was sufficient furniture to meet the needs of the residents.

8. The use of communal clothes must cease.

Outcome: This had been achieved.

9. The social and recreational environment on St. Peter's and St. Martin's Wards should be resourced.

Outcome: St. Peter's Ward and St. Martin's Ward had now closed.

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 4: Identification of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Residents were identified by photographs.

Article 5: Food and Nutrition

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X		X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>		X	

Justification for this rating:

There was a choice of meals and a menu available. Special diets were catered for. Fresh drinking water was available.

Article 6 (1-2): Food Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>		X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X		
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

An Environmental Health Officer's report was made available to the inspectors. It outlined deficiencies in record keeping of temperatures of fridges and dishwashers in the O'Connor Unit. Subsequent documentation from the approved centre stated that these deficiencies had been addressed.

Article 7: Clothing

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X		X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>		X	
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

No resident was in their night attire. The practice of using communal clothing had ceased. A supply of clothes was available if necessary.

Article 8: Residents' Personal Property and Possessions

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was adequate and safe storage for residents' personal possessions and property. Valuables were locked in a safe. There was a policy on personal property and possessions. There was a list of residents' property.

Article 9: Recreational Activities

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>			
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			X
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>	X	X	
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The delivery of newspapers had resumed. There was television, DVDs and radio. The exercise machines remained in the now closed St. Peter's Ward but staff were hopeful that they would be transferred to the O'Connor Unit. A sub group was established to address the lack of a programme of activities. Staff reported that there was no dedicated bus/people carrier.

Aerobics was available but residents had to pay €5.00 to attend this activity.

Breach: 9

Article 10: Religion

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The practice of religion was facilitated.

Article 11 (1-6): Visits

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was a policy in relation to visiting. Visiting times were flexible and visiting was encouraged. There were areas where visitors and residents could meet in private.

Article 12 (1-4): Communication

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was a policy regarding communication. Mobile phones were allowed. Mail was received and sent unopened by staff.

Article 13: Searches

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X		X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>		X	
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

No searches were carried out in the approved centre. There was a policy on searching and on the finding of illicit substances.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

While there was no single room in the West Wing of the O'Connor unit, staff stated that they would be able to empty an activity room for a resident if they were dying. Single rooms were available in the East Wing. There was a policy on the care of residents who are dying.

Article 15: Individual Care Plan

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>			X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X		
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>		X	

Justification for this rating:

All residents had an individual care plan. Service user input was demonstrated where possible. The care plan also outlined unmet need which was excellent. Although there was insufficient multidisciplinary staff on the team there was evidence of input from psychology, social work and occupational therapy.

Article 16: Therapeutic Services and Programmes

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>			
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			X
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>	X	X	

Justification for this rating:

Therapeutic programmes were linked to individual care plans. Although there was insufficient multidisciplinary staff on the team there was evidence of interventions from psychology, social work and occupational therapy in the clinical files. Some residents attended Lime Grove Activity Centre. The differing needs of the residents made it very difficult for staff to provide adequate therapeutic interventions.

Breach: 16

Article 17: Children's Education

Children were not admitted to the approved centre.

Article 18: Transfer of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was a policy on transfer of residents. All relevant documentation accompanied the resident on transfer.

Article 19 (1-2): General Health

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>			X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X		
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>		X	

Justification for this rating:

All residents had up-to-date physical examinations. The inspectors met the general practitioner who provided the medical service to the unit on a daily basis. It was evident that the medical needs of the residents were well cared for. Screening programmes were available

There was a policy regarding responding to medical emergencies.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>			X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>		X	
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>	X		

Justification for this rating:

There was an information booklet available. Information on diagnosis and medication was available in folders on the units. There was a policy in relation to the provision of information.

Article 21: Privacy

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>			X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>	X	X	

Justification for this rating:

All beds had curtains around them. There were locks on toilet doors. It was evident that on the day of inspection that the resident's privacy and dignity were protected.

Article 22: Premises

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>			
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			X
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>	X	X	

Justification for this rating:

The approved centre was clean. There was no garden for the female residents although there was an ideal space that appeared to require little input to make it suitable. While the building itself was quite institutionalised efforts had been made by staff and residents to personalise the area.

The approved centre will be replaced with a purpose built unit in 2014.

Breach: 22 (3)

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was a policy on the ordering, prescribing, storing and administration of medicines.

Article 24 (1-2): Health and Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was a health and safety statement available.

Article 25: Use of Closed Circuit Television (CCTV)

CCTV was not used in the approved centre.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
O'Connor East	CNM 2	1	0
	RPN	3	2
O'Connor West	CNM 2	1	0
	RPN	1	2
	Health Care Assistant	1	0

Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Non Consultant Hospital Doctor (NCHD), Director of Nursing, (DON), Assistant Director of Nursing (ADON).

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>			
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			X
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>	X	X	
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The Rehabilitation and Recovery Team which had responsibility for the approved centre was deficient in multidisciplinary staff. There was no occupational therapist. There was a psychologist on the Rehabilitation and Recovery Team. An occupational therapist from another team provided one session per week in the centre. This was insufficient.

Staff received training.

The approved centre had the Health Service Executive policy on the recruitment, selection and vetting of staff.

Breach: 26 (2)

Article 27: Maintenance of Records

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X		X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		X	
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The standard of documentation was good. Information was easily retrieved from the clinical files and was up to date. The clinical files were stored in a safe and secure place.

There was a policy on the creation of, access to, retention of and destruction of records.

The Environmental Health Officer's report and Fire Officer's reports were available.

Article 28: Register of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The Register of Residents was compliant with the requirements of this Article.

Article 29: Operating policies and procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>			X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		X	
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>	X		
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

All policies were available and in date.

Article 30: Mental Health Tribunals

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Mental Health Tribunals were facilitated.

Article 31: Complaint Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The complaints procedure was displayed. There was a policy with regard to complaints. The complaints officer was located in the approved centre. A record of complaints was available in the approved centre.

Article 32: Risk Management Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>		X	
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X		X
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The risk management policy made available to inspectors on the day of inspection did not cover suicide and self harm. A record of incidents was maintained in the approved centre.

Breach: 32(2)

Article 33: Insurance

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

A certificate of insurance was available.

Article 34: Certificate of Registration

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The Certificate of Registration was displayed.

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

SECLUSION

Seclusion was not used in the approved centre.

Electroconvulsive Therapy (ECT) (DETAINED PATIENTS)

ECT was not administered in the approved centre. No patient was receiving ECT in another approved centre.

MECHANICAL RESTRAINT

Mechanical Restraint was not used in the approved centre.

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

PHYSICAL RESTRAINT

Use: Physical restraint had not been used in the approved centre since the inspection in 2011.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
1	General principles	NOT APPLICABLE			
5	Orders	NOT APPLICABLE			
6	Resident dignity and safety	NOT APPLICABLE			
7	Ending physical restraint	NOT APPLICABLE			
8	Recording use of physical restraint	NOT APPLICABLE			
9	Clinical governance	X			
10	Staff training	X			
11	Child residents	NOT APPLICABLE			

Justification for this rating:

The approved centre had a policy regarding the use of physical restraint. Staff were trained in the management of violence and aggression.

ADMISSION OF CHILDREN

Children were not admitted to the approved centre.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: There were no deaths in the approved centre since the inspection in 2011.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
2	Notification of deaths	NOT APPLICABLE			
3	Incident reporting		X		
4	Clinical governance (identified risk manager)	X			

Justification for this rating:

Incidents were reported and documented. A risk manager was identified in the approved centre. The approved centre was not fully compliant with Article 32 of the Regulations on Risk Management in that suicide and self-harm were not addressed by the risk management policy that was made available to inspectors on the day of inspection.

Breach: 3.1

Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS

ECT was not administered in the approved centre. No resident was receiving ECT in another approved centre.

ADMISSION, TRANSFER AND DISCHARGE

Part 2 Enabling Good Practice through Effective Governance

The following aspects were considered: 4. policies and protocols, 5. privacy confidentiality and consent, 6. staff roles and responsibility, 7. risk management, 8. information transfer, 9. staff information and training.

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
	X		

Justification for this rating:

There were policies on admission, transfer and discharge. However the approved centre did not admit residents. The approved centre was not fully compliant with Article 32 of the Regulations on Risk Management.

Part 3 Admission Process

The following aspects were considered: 10. pre-admission process, 11. unplanned referral to an Approved Centre, 12. admission criteria, 13. decision to admit, 14. decision not to admit, 15. assessment following admission, 16. rights and information, 17. individual care and treatment plan, 18. resident and family/carer/advocate involvement, 19. multidisciplinary team involvement, 20. key-worker, 21. collaboration with primary health care community mental health services, relevant outside agencies and information transfer, 22. record-keeping and documentation, 23. day of admission, 24. specific groups.

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
NOT APPLICABLE			

Justification for this rating:

The approved centre no longer admitted residents.

Part 4 Transfer Process

The following aspects were considered: 25. Transfer criteria, 26. decision to transfer, 27. assessment before transfer, 28. resident involvement, 29. multidisciplinary team involvement, 30. communication between Approved Centre and receiving facility and information transfer, 31. record-keeping and documentation, 32. day of transfer.

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The approved centre was compliant with Article 18 of the Regulations on Transfer. All relevant documentation accompanied the resident on transfer.

Part 5 Discharge Process

The following aspects were considered: 33. Decision to discharge, 34. discharge planning, 35. pre-discharge assessment, 36. multi-disciplinary team involvement, 37. key-worker, 38. collaboration with primary health care, community mental health services, relevant outside agencies and information transfer, 39. resident and family/carer/advocate involvement and information provision, 40. notice of discharge, 41. follow-up and aftercare, 42. record-keeping and documentation, 43. day of discharge, 44. specific groups.

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
NOT APPLICABLE			

Justification for this rating:

No resident had been discharged from the approved centre.

HOW MENTAL HEALTH SERVICES SHOULD WORK WITH PEOPLE WITH AN INTELLECTUAL DISABILITY AND MENTAL ILLNESS

Description: Two residents in O'Connor Unit West had an intellectual disability and mental illness.

The following aspects were considered: 5. policies, 6. education and training, 7. inter-agency collaboration, 8. individual care and treatment plan, 9. communication issues, 10. environmental considerations, 11. considering the use of restrictive practices, 12. main recommendations, 13. assessing capacity.

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
	X		

Justification for this rating:

There was a policy on intellectual disability and mental illness. Staff had not receiving training in intellectual disability and mental illness. The clinical files of both residents were examined by inspectors. Both residents had an individual care plan. Interagency collaboration had begun on a monthly basis to ensure the individual needs of both residents were being met. Both residents were assigned a key worker.

Breach: 6

2.5 EVIDENCE OF COMPLIANCE WITH SECTIONS 60/61 MENTAL HEALTH ACT 2001 (MEDICATION)

SECTION 60 – ADMINISTRATION OF MEDICINE

One patient in O'Connor Unit East had been detained under the Mental Health Act 2001 for a period greater than three months.

SECTION	FULLY COMPLIANT	NOT COMPLIANT
Section 60 (a)	X	
Section 60 (b)(i)	NOT APPLICABLE	
Section 60 (b)(ii)	NOT APPLICABLE	

Justification for this rating:

<p>The patient detained under the Mental Health Act 2001 for a period exceeding three months had their statutory rights satisfied under section 60 of the Act.</p>
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**SECTION 61 – TREATMENT OF CHILDREN WITH SECTION 25 MENTAL HEALTH ACT 2001
ORDER IN FORCE**

Children were not admitted to the approved centre.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

The inspectors met with a number of residents. While they stated that they were well treated and were content in the approved centre, some were looking forward to moving to the new building when it was completed.

OVERALL CONCLUSIONS

The main building of St. Finan's Hospital had now closed and this was to be welcomed. There were no admissions to the approved centre or transfers from Acute Mental Health Admission Unit, Kerry General Hospital. The approved centre now consisted of two units in the grounds of the hospital.

It was obvious that the service had endeavoured to improve the care and treatment offered to residents and this was demonstrated by the significant improvement in compliance in the Regulations since the inspection in 2011. The privacy and dignity of the residents was observed to be respected on the day of inspection. Each resident had an individual care plan. There was an excellent general practitioner service for the residents. Efforts had been made to provide therapeutic activities with an occupational therapy session and art once a week. Residents could attend Lime Grove Activity Centre. The differing needs of the residents had made it difficult for staff to offer a wide range of activities.

Although there was an enclosed garden area for male residents, there was no garden for female residents and the garden area for the male residents could not be accessed by female residents. There was an ideal space for a garden area for female residents that appeared to require little input to make it suitable.

The Rehabilitation and Recovery Team were lacking in multidisciplinary staffing, especially in the provision of occupational therapy.

Planning was proceeding with the building of a new 40-bed unit which would cater for the majority of the residents in the O'Connor Units.

RECOMMENDATIONS 2012

1. An occupational therapist must be provided for the Rehabilitation and Recovery Team. The team should be fully staffed in accordance with Vision for Change.
2. An accessible outside space for female residents must be provided.
3. Training in intellectual disability and mental illness for staff must take place.