

Report of the Inspector of Mental Health Services 2011

EXECUTIVE CATCHMENT AREA	South Lee, West Cork, Kerry
HSE AREA	South
MENTAL HEALTH SERVICE	Kerry Mental Health Services
APPROVED CENTRE	St. Finan's Hospital, Killarney
NUMBER OF WARDS	4
NAMES OF UNITS OR WARDS INSPECTED	St. Peter's ward St. Martin's ward O'Connor Unit East O'Connor Unit West
TOTAL NUMBER OF BEDS	52
CONDITIONS ATTACHED TO REGISTRATION	Yes
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	13, 14 September 2011

OVERVIEW

In 2011, the Inspectorate inspected this Approved Centre against all of the Mental Health Act 2001 (Approved Centres) Regulations 2006, the Rules and Codes of Practice.

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 2010. In addition to the core inspection process, information was gathered from service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

St. Finan's Hospital was a large Victorian building situated on the outskirts of Killarney. It had four wards. Despite the closure of St. Paul's ward earlier in 2011, the number of residents, 52, remained the same as last year. The closure of this ward had resulted in an unsatisfactory mix of residents with widely differing care needs in the O' Connor units. St Martin's ward and St. Peter's ward were extremely institutionalised and the physical and psychosocial environment was impoverished. All residents in the hospital were under the care of the Rehabilitation and Recovery Team.

Residents with acute mental illness continued to be transferred to St. Finan's Hospital from the Acute Mental Health Admission Unit in Kerry General Hospital. There were also admissions directly from the community to the long stay wards.

There were difficulties staffing the hospital due to the moratorium on recruitment and there was no occupational therapist on the Rehabilitation and Recovery Team.

The following condition was attached by the Mental Health Commission with effect from 1st March 2011: The Mental Health Commission requires a detailed closure plan for St. Finan's Hospital, detailing the actions that will be undertaken, the persons responsible, the timeframes attached and the budgets allocated. This plan must be received by the Commission by no later than 31st May 2011. At the time of inspection the Mental Health Commission were in discussion with the management of the approved centre regarding the above condition.

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

COMPLIANCE RATING	2009	2010	2011
Fully Compliant	19	18	16
Substantial Compliance	2	4	2
Minimal Compliance	3	3	5
Not Compliant	5	4	6
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
St Peter's ward	9	9	Rehabilitation and Recovery Team
St. Martin's ward	10	9	Rehabilitation and Recovery Team
O'Connor Unit East	20	19	Rehabilitation and Recovery Team
O'Connor Unit West	12	10	Rehabilitation and Recovery Team

QUALITY INITIATIVES

- A service user, carer and staff member were attending a cooperative learning course in Dublin City University.
- The National Suicide Office had funded courses in STORM and ASSIST (suicide prevention interventions).
- The Mental Health Association planned to develop a clubhouse to be run by service users.
- Plans were ongoing to make the individual care plan more meaningful for residents. This included using service user feedback and focus groups.
- There was a new incident reporting format.
- Audits were being carried out on risk, and the use of seclusion.
- Clinical files were now integrated.

PROGRESS ON RECOMMENDATIONS IN THE 2010 APPROVED CENTRE REPORT

1. The approved centre was not fit for purpose and should be closed as soon as possible.

Outcome: The hospital remained open with no reduction in beds from 2010.

2. The approved centre must have a risk management policy that was compliant with the regulations.

Outcome: This had been achieved.

3. All policies should be reviewed three yearly.

Outcome: Almost all policies had been reviewed. The policy on searches remained outstanding.

4. Policies in relation to the Rules and Codes of Practice should be reviewed on an annual basis.

Outcome: This had been achieved.

5. The system of providing information to residents must improve.

Outcome: In St. Peter's and St. Martin's wards the provision of information on medication and diagnosis was deficient.

6. Therapeutic services and programmes must be based on the individual needs of all residents and must be delivered in accordance with their care plan.

Outcome: Where individual care plans were in place there were links between therapeutic services and programmes and the individual care plans.

7. The recreational needs of residents must be attended to.

Outcome: Residents who attended Lime Grove had recreational opportunities. However for those residents who were unable to leave the wards recreational activities were at a minimum.

8. The service should have regular visits from a representative from the Irish Advocacy Network.

Outcome: The Irish Advocacy Network representative visited St. Finan's Hospital and Lime Grove activity centre once a week.

9. Separate maintenance and heating costs must be maintained for St. Finan's Hospital.

Outcome: This had not been achieved.

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	2009	2010	2011
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:

O'Connor Unit West: Two registered psychiatric nurses administered medications. The unit had regular staff who knew the residents. In both St. Martin's and St. Peter's wards photo identification was attached to the individual care plans.

Article 5: Food and Nutrition

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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:

O'Connor Unit West: There were no cups/tumblers in the vicinity of the water dispenser for residents to use. These were locked in the staff room. As a result, residents had to ask for a drink of water.

O'Connor Unit West and O'Connor Unit East: There was no choice of main meal for residents. On the morning of inspection nursing and household staff were unaware of what was on the menu for the main meal for residents that day. There were no menus displayed on the units. A phone call was made by nursing staff in O'Connor Unit West to the kitchen to have a copy of the menu brought to both units. These menus were subsequently displayed. It was obvious that no menu had been displayed on either unit for some considerable time. The menu was a four-week cyclical menu. On inspection of the menu the Inspectorate found that over the 28-day period "savory minced beef" was the only option for residents who had swallowing difficulties for 19 of those days; on the other nine days there was no food option listed for that resident group. Also, unhealthy evening tea options such as "sausages and chips" or "rashers and pudding" was on the menu on 12 evenings out of the 28.

St. Martin's and St. Peter's unit: There was no menu displayed for residents. There was no choice of meals for residents apart from those who had swallowing difficulties. Drinking water was not freely accessible and was locked into the kitchen/dining areas. The menu cycle featured many items unsuited to healthy eating despite the fact that the individual care plans for several residents identified weight loss as a goal. The food on offer also contrasted with the recommendations of the healthy eating educational programme run in Lime Grove Activity Centre which many residents had attended.

Breach: 5(1), (2)

Article 6 (1-2): Food Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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:

Deficiencies in doors, walls, windows and floor of the catering department were outlined in the environmental health officer's report. Evidence was given that these were to be addressed.

Article 7: Clothing

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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:

O'Connor Unit West: Night clothes were not worn by residents during the day.

O'Connor Unit East: A basket of communal socks, a basket of communal underwear and a basket of communal vests was maintained in the clothing room.

St. Martin's ward: Two baskets of communal underwear and another of socks and tights were clearly visible in the ward. Night clothes were not worn on St. Martin's or St. Peter's ward.

Breach: 7 (1)

Article 8: Residents' Personal Property and Possessions

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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:

O'Connor Unit West: A record was maintained of each resident's personal property and possessions and was available to the resident. These records were separate to the resident's individual care plan. Residents retained control of his or her property and possessions. Provision was made for the safe-keeping of all personal property and possessions.

St. Martin's and St. Peter's wards: A list of personal property was maintained. Valuables were stored in a safe place.

A policy on personal possessions and property was up-to-date and available.

Article 9: Recreational Activities

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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	X
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

O'Connor Unit West: There were no daily newspapers delivered to the unit. Staff facilitated residents by sharing their own newspapers. "The Kerryman" newspaper was delivered each Wednesday to the unit. There were two televisions and a music/quiet room. Residents were free to stroll into town unaccompanied. Some residents attended bingo in town. Most residents attended Lime Grove. A cinema evening took place every Saturday evening in Lime Grove. Approximately half the residents had just returned from a week's holiday in Ballybunion.

St. Martin's and St. Peter's ward: A small number of residents attended Lime Grove activity centre. For the residents remaining on the ward there was little access to recreational activities apart from television. No daily newspapers were delivered to the wards and nursing staff provided residents with their own newspapers. There was an exercise bicycle and treadmill in St. Peter's ward.

Breach: 9

Article 10: Religion

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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:

All residents were facilitated in the practice of their religion.

Article 11 (1-6): Visits

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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:

O'Connor Unit West: Arrangements were in place for residents to receive visitors. Visiting times were flexible. A visitor's room was available. Arrangements were in place for children to visit.

St Peter's ward: A pleasant visitor's room was available. Children were not allowed to visit.

There was a policy on visiting arrangements. Visiting times were flexible.

Article 12 (1-4): Communication

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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:

O'Connor Unit West: The unit had a public phone. Residents could send and receive mail and make and receive phone calls. No resident had a mobile phone but they could retain one should they wish to do so.

St. Martin's ward and St. Peter's ward: Residents received and sent mail unopened.

There was an up-to-date policy on communication.

Article 13: Searches

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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:

O'Connor Unit West: No search had been carried out.

St. Martin's ward and St. Peter's ward: No searches had been carried out.

The approved centre did not have an up-to-date policy on the carrying out of searches both with and without consent and the finding of illicit substances

Breach: 13

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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:

Appropriate care and comfort were given to residents, family, next of kin and friends in the event of a resident's death.

Article 15: Individual Care Plan

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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	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:

O'Connor Unit West: All residents had individual care plans as defined in the Regulations.

O'Connor Unit East: All residents had individual care plans as defined in the Regulations.

St. Martin's ward: All residents had good individual care plans with evidence of service user input.

St. Peter's ward: Two residents had no individual care plan.

Breach: 15

Article 16: Therapeutic Services and Programmes

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
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	X

Justification for this rating:

O'Connor Unit West: Four residents attended Lime Grove during the day. An art session was held on the unit each Wednesday, Sonas on Thursdays and aerobics on Fridays. One resident who declined to attend these therapeutic programmes was assigned "Kitchen Duties" and "Ward Duties". These involved setting the tables for meal times and helping to clear the tables afterwards and assignment to laundry work. It was reported by staff that the resident was happy to undertake this work for which she was not remunerated, as it helped to keep her occupied. On the timetable for therapeutic programmes, three residents were assigned "Ward Duties" and one resident was assigned "Kitchen Duties". Staff were informed that these were institutional terms and outdated practices and were to be discontinued immediately.

O'Connor Unit East: There were little therapeutic interventions provided for the former residents of St. Paul's ward. Many were wandering around aimlessly about the unit or sitting down unoccupied. Four of these residents had Wanderguard alarms attached to their ankles.

St. Martins' ward and St. Peter's ward: A small number of residents attended Lime Grove. There were few therapeutic services and programmes for those remaining on the ward. The therapeutic environment in Lime Grove provided opportunities for residents to make hot drinks, to take on various roles and responsibilities in a variety of recreational, educational and therapeutic programmes and had an open door policy; this contrasted with the locked door of their living environment on the wards.

There was no occupational therapist attached to the clinical team.

Lime Grove provided, for those who could attend, an excellent programme of both therapeutic activities and recreational activities. Where individual care plans (ICPs) were available the therapeutic

services and programmes in Lime Grove were linked to the ICPs. However, as not all residents had care plans the requirements of this Article were not met.

Breach: 16(1), (2)

Article 17: Children's Education

Children were not admitted to St. Finan's Hospital.

Article 18: Transfer of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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:

Residents had been transferred to hospital for general health care. A registered medical practitioner's referral letter and a nursing letter went with the resident. Where a resident was transferred to the Acute Unit in Tralee General Hospital, the clinical file accompanied the resident.

Article 19 (1-2): General Health

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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:

O'Connor Unit West: Adequate arrangements were in place for access by residents to general health services and for their referral to other health services as required. Physical health examinations were carried out on all residents every six months. Each resident had access to Breast Check.

O'Connor Unit East: Adequate arrangements were in place for access by residents to general health services and for their referral to other health services as required. A number of residents had not had a physical health examinations carried out every six months.

St. Peter's and St. Martin's ward: all residents had a six-monthly physical examination. There was evidence that appropriate screening was available.

Breach: 19(1)(b)

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
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	X	

Justification for this rating:

O'Connor Unit West: Information available included details of the resident's multidisciplinary team; housekeeping practices, including arrangements for personal property; mealtimes; visiting times and visiting arrangements. It also included verbal and written information on the resident's diagnosis; details of relevant advocacy and voluntary agencies and information on indications for use of all medications to be administered to the resident, including any possible side-effects.

St. Peter's and St. Martin's wards: There was an information leaflet available on the wards. However there was minimal information available on diagnosis and no information on medication.

There was a policy on the provision of information.

Breach: 20 (1) (c) (e)

Article 21: Privacy

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
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	X

Justification for this rating:

O'Connor Unit West: The residents' privacy and dignity were appropriately respected on the day of inspection.

O'Connor Unit East: The residents' privacy and dignity were appropriately respected on the day of inspection.

St. Martin's ward: In the door of the single bedrooms there was an uncovered window and a convex mirror in the room, which meant that passers-by could see every part of the bedrooms and the residents at any time of the day or night. One bed had no curtains around it.

St. Peter's ward: All beds had curtains around the beds. There were resident names and details of their activities including the words "absconson risk" after one name on a white board in the ward where it could be seen by residents and visitors.

Breach: 21

Article 22: Premises

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
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	X

Justification for this rating:

O'Connor Unit West: The unit was clean. It needed to be repainted and redecorated.

O'Connor Unit East: The unit was clean. It needed to be repainted and redecorated.

The dining room was shared between the two O'Connor units. At the time of inspection, there were 29 residents but the dining room only had 23 dining room chairs. It was pointed out by staff that three or four residents took their meals in the day room because of the need for staff to feed these residents, but this still left a shortage of furniture in the dining room.

St. Martin's and St. Peter's wards: The wards were drab, bare and impoverished. There was paint peeling and plaster falling from the walls with mould in some areas. In St. Peter's ward there was a strong smell of urine. There was a hole in the wall of one bedroom. There was minimal decoration in the dayroom. St. Peter's dining room was furnished with plastic garden tables and chairs. In St Martin's ward the bedrooms were small, cell-like, stuffy and had insufficient storage space. There was a smell of damp. The dining room was completely bare apart from tables and chairs. The walls were devoid of any pictures or decoration. Both wards were clean. Both wards relied on plug-in oil filled heaters to augment the outdated heating system in this old stone building.

Breach: 22 (1) (a),(b),(2),(3)

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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:

Appropriate and suitable practices were in place. There was a policy on the ordering, prescribing, storing and administration of medication.

Article 24 (1-2): Health and Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 Health and Safety Statement was available on the wards.

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
St. Peter's ward	CNM 2	1	0
	RPN	3	2
St. Martin's ward	CNM 2	1	0
	RPN	3	3
O'Connor Unit East	CNM 2	1	0
	RPN	2	2
O'Connor Unit West	CNM 2	1	0
	RPN	1	2

Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Non Consultant Hospital Doctor (NCHD).

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>	X	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 service did not have an occupational therapist. There was a psychologist and 0.6 whole time equivalent (WTE) social worker on the clinical team.

Not all staff had been trained in Prevention and Management of Aggression and Violence.

Breach: 26(4)

Article 27: Maintenance of Records

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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:

O'Connor Unit West: It was easy to retrieve information from the clinical files.

O'Connor Unit East: It was difficult to retrieve information from some clinical files. A number of clinical files had loose pages and many pages did not have the resident's name and hospital number recorded in the header section and so were not kept up to date and in good order.

St. Martin's and St. Peter's wards: The clinical files were in good condition and stored appropriately. Information was easily retrieved.

The fire certificate, environmental health officers report and health and safety statements were all made available to the Inspectorate.

Breach: 27(1)

Article 28: Register of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 inspected and was compliant with Schedule 1 of the Regulations.

Article 29: Operating policies and procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 in date apart from the policy on searching.

Breach: 29

Article 30: Mental Health Tribunals

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 within the approved centre.

Article 31: Complaint Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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:

In all wards the complaints procedure was displayed in a prominent position.

There was a policy on complaints. There was a nominated complaints officer within the approved centre. A record of complaints was made available.

Article 32: Risk Management Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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:

There was a risk management policy that complied with all elements of this Article.

Article 33: Insurance

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 insurance certificate was made available to the Inspectorate.

Article 34: Certificate of Registration

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 prominently displayed.

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

SECLUSION

Use: There were no seclusion facilities in O'Connor Unit East or O'Connor Unit West and none of the residents had been transferred for seclusion to another ward. There were seclusion rooms in both St. Martin's and St. Peter's wards. Seclusion had not been used for over a year.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
1	General principles	X			
3	Orders	NOT APPLICABLE			
4	Patient dignity and safety	NOT APPLICABLE			
5	Monitoring of the patient	NOT APPLICABLE			
6	Renewal of seclusion orders	NOT APPLICABLE			
7	Ending seclusion	NOT APPLICABLE			
8	Facilities				X
9	Recording	NOT APPLICABLE			
10	Clinical governance	X			
11	Staff training	X			
12	CCTV	NOT APPLICABLE			

13	Child patients	NOT APPLICABLE			
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Justification for this rating:

In St. Martin's the seclusion room was used as a bedroom and had a hospital bed rather than a safety mattress. There were no toilet or bathroom facilities adjoining the seclusion room. The seclusion room in St. Peter's ward had a safety mattress. There were no adjoining bathroom or toilet facilities.

There was a policy in relation to seclusion that was up to date.

Breach: 8.1, 8.2, 8.3, 8.4

ECT (DETAINED PATIENTS)

Use: There were no Electroconvulsive therapy (ECT) facilities in the approved centre. None of the detained patients in the approved centre had received ECT.

MECHANICAL RESTRAINT

Use: 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: None of the residents in O'Connor Unit East or O'Connor Unit West had been physically restrained. Physical restraint had not been used in St. Martin's ward in 2011 up to the time of inspection. Physical restraint had been used on five occasions for one individual in St. Peter's ward.

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

Justification for this rating:

In St. Peter's ward the Physical Restraint Clinical Practice Form Book was inspected and completed satisfactorily. There was no record in the individual clinical file to indicate that the restrained resident had been offered the opportunity to debrief after the episodes of restraint. Staff training in the therapeutic application of physical restraint was not up to date.

Breach: 7.2, 10.1(c)

ADMISSION OF CHILDREN

Description: Children were not admitted to the approved centre.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: One resident had died in O'Connor Unit East in 2011.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
2	Notification of deaths	X			
3	Incident reporting	X			
4	Clinical governance	X			

Justification for this rating:

Incidents were recorded in the units and a summary was forwarded to the Mental Health Commission.

All deaths were reported to the Mental Health Commission. The approved centre was compliant with Article 32 of the Regulations on risk management.

ECT FOR VOLUNTARY PATIENTS

Use: Electroconvulsive Therapy (ECT) was not used in the approved centre. None of the residents in the approved centre had received ECT.

ADMISSION, TRANSFER AND DISCHARGE

Description: There were direct admissions and transfers from the Acute Unit in Tralee General Hospital.

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. A key worker system was in place. The policies included admission of older persons and those with an intellectual disability and mental illness. The approved centre was not fully compliant with Article 29 of the Regulations in relation to operating policies and procedures. The approved centre was compliant with Article 32 of the Regulations with regard to risk management.

Breach: 4.19

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
		X	

Justification for this rating:

Residents were not admitted directly to the O'Connor Unit and all residents were long-term. All residents had an individual care plan, and in most cases, residents had signed them. A key-worker system of care was used.

There were direct admissions to St Martin's ward and St. Peter's ward in the approved centre. Residents were fully assessed and the decision to admit was made by the consultant psychiatrist. A direct admission that had been admitted over a week previously had no individual care plan.

The approved centre was not compliant with Article 20 of the Regulations on information, Article 15 on individual care plan, Article 8 in respect of personal property and possessions, and Article 27 on the maintenance of records.

The approved centre was compliant with Article 7 on clothing.

Breach: 16.3 (c), 17.1, 22.6, 23.1.1

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:

O'Connor Unit East and West: The clinical files of three residents who had been transferred were reviewed; all had been transferred to a general hospital. The indications for the transfers were documented in the clinical files but in one case, no copy of the referral letter was retained in the clinical file and one of the referral letters was undated and contained very sparse information regarding the resident.

One resident from O'Connor Unit East had been transferred to St. Peter's ward for a period of 11 days to modify their behaviour; there was no documentary evidence that a behaviour contract had been drawn up in consultation with the resident or that this care and treatment was part of the resident's individual care plan or that it was in the best interests of the resident.

Seven residents in O'Connor Unit East had been transferred from St. Paul's ward in the approved centre in June 2011 when that ward closed.

Transfers took place from St. Martin's ward and St. Peter's ward to the Acute Unit in Tralee General Hospital. The clinical file accompanied the resident and the approved centre was compliant with Article 18 of the Regulations on transfer. The decision to transfer residents was made by the consultant psychiatrist. Risk assessment was carried out.

Breach: 25.1, 30.2, 31.2

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:

O'Connor Units East and West: No residents had been discharged from this unit in 2011.

St. Martin's ward and St. Peter's ward. There had been no discharges from these wards from January 2011 to the time of inspection.

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

Description: There were two residents in O'Connor Unit with intellectual disability and a mental illness. There were four residents with intellectual disability in St. Martin's and St. Peter's wards.

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:

O'Connor Unit: There was no documentation in the clinical files inspected that there was inter-agency collaboration between services for intellectual disability.

In St. Martin's ward there was evidence that there was inter-agency collaboration between the mental health service and intellectual disability services.

There was a policy on intellectual disability and mental illness.

Staff had not received training in intellectual disability and mental illness.

Breach: 6, 7.1, 7.2

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: No resident was detained under the Mental Health Act 2001 (the Act) in O'Connor Unit West. It was reported that three patients were detained under the Act in O'Connor Unit East. Two residents in St. Peter's ward and one resident in St. Martin's ward were detained for longer than three months.

SECTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
Section 60 (a)	X			
Section 60 (b)(i)	X			
Section 60 (b)(ii)	X			

Justification for this rating:

O'Connor Unit East: It was subsequently reported that only two patients were detained under the Act. There was documentary evidence in the clinical files of both patients that the continued administration of medicine was approved by the consultant psychiatrist responsible for the care and treatment of the patients and that the continued administration of medicine was authorised in Form 17 by another consultant psychiatrist.

Both patients in St. Peter's ward and the patient in St. Martin's ward had given written consent for treatment and this was in date.

SECTION 61 – TREATMENT OF CHILDREN WITH SECTION 25 ORDER IN FORCE

Description: Children were not admitted to the approved centre.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

The Inspectorate spoke with a number of residents throughout the hospital. All praised the facilities and staff in Lime Grove activity centre. Those that did not attend Lime Grove spoke of being bored and having nothing to do. One person wished to leave the hospital and complained about his detention.

The Irish Advocacy Network representative provided a report. He attended the hospital one day a week and Lime Grove one day a week. The feedback from service users about Lime Grove was positive. The ongoing transfers to St. Finan's Hospital continued to be an issue for service users. Service users felt that St. Finan's was an unsuitable facility for people. There was also some concern about the lack of an occupational therapist.

OVERALL CONCLUSIONS

Despite recommendations for closure in report after report St. Finan's Hospital remains open with the same number of residents as 2010 despite a ward closure.

The environment of St. Martin's ward and St. Peter's ward was extremely poor. It was drab, bare, institutionalised and smelly. Paint was peeling, plaster had fallen off the walls, there was mould in some areas, and the smell of urine in St. Peter's ward was strong. It was a credit to the cleaning staff that they were able to keep it clean. It is beyond belief that service users were treated in such conditions, some detained against their will.

The food was institutionalised with no choice and no menu for the residents, drinking water was available only on request and institutionalised terminology such as "ground parole," absconson risk" and "ward duties" were prevalent. Information for residents on diagnosis and medication was minimal in St. Peter's ward and St. Martin's ward, although it was available in the O'Connor units. There was not even a daily newspaper for each ward and nursing staff were bringing in their own newspapers for the residents. It was evident that the use of communal underclothing was still in use in the approved centre.

There was no privacy for the female residents. They slept in tiny cell-like rooms with an uncovered window in the door and a convex mirror in the room, which meant that passers-by could see every part of the bedrooms and the residents at any time of the day or night. The service was requested by the Inspectorate to immediately remedy this situation.

Of great concern to the Inspectorate is that service users who were acutely unwell continued to be transferred to totally unsuitable care in St. Finan's Hospital. Of even more concern is that there were direct admissions to St. Finan's Hospital.

The Inspectorate acknowledges the excellent efforts by staff in Lime Grove activity unit and the rehabilitation team in trying to provide a rehabilitation programme based on a Recovery model with limited staff. This unit was open seven days a week and was minimally staffed by one nurse with an average of 30 attendees a day and approximately 73 service users registered. Service users attended from the community as well as from the hospital. Unfortunately not all hospital residents were able to attend and the therapeutic activities and recreational opportunities for residents remaining in the wards were severely curtailed. The individual care plans were good and showed service user involvement. There was no occupational therapist on the Rehabilitation and Recovery team.

The Mental Health Commission was immediately informed of the Inspectorate's concern regarding transfers and admissions to St. Finan's Hospital and of the poor conditions within the hospital.

RECOMMENDATIONS 2011

1. The hospital must close as a matter of urgency.
2. All admissions to St. Finan's Hospital must cease immediately.
3. All transfers from the Acute Unit in Tralee General Hospital must cease immediately.
4. The post of occupational therapist on the Rehabilitation and Recovery Team should be filled as soon as possible.
5. There must be a choice of food at mealtimes, a menu for residents must be displayed and drinking water made available for residents.
6. All residents must be afforded privacy in bedroom areas.
7. There should be sufficient and appropriate furniture to cater for all residents in the dining rooms.
8. The use of communal underclothing must cease.
9. The social and recreational environment on St. Peter's and St. Martin's wards should be resourced.