

Report of the Inspector of Mental Health Services 2009

MENTAL HEALTH SERVICE	HSE South
APPROVED CENTRE	St. Finan's Hospital
CATCHMENT AREA	Kerry
NUMBER OF WARDS	5
NAMES OF UNITS OR WARDS INSPECTED	S. Peter's Ward St. Martin's Ward O'Connor East Wing O'Connor West Wing St. Paul's Ward
TOTAL NUMBER OF BEDS	58
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Announced
DATE OF INSPECTION	16 June 2009

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

DESCRIPTION

St. Finan’s Hospital, Killarney, was built in 1849 on an elevated site overlooking the town. Five wards, with a total of 58 beds, continued to provide care and treatment to residents on the day of inspection.

St. Paul’s Ward, St. Peter’s Ward and St. Martin’s Ward were in need of complete refurbishment and were not suitable for the accommodation, care and treatment of residents. These Victorian structures did not lend themselves well to the level of infrastructural renovation required to bring the facilities to an adequate level and this reinforced the urgent need to progress the hospital closure plans. Although the service had drawn up closure plans and had developed design briefs for alternative accommodation, it was awaiting approval for funding in order to progress these matters.

A number of nursing personnel continued to wear white coats and this only served to give the impression to anyone visiting the hospital that the type of care being delivered to residents was institutionally focused rather than focused on the progressive care to be expected in the 21st century.

O’Connor East Wing and O’Connor West Wing were units separate from the main building, but on campus, and were undergoing complete refurbishment, the West Wing having been completed prior to the inspection. Although acute in-patient services were provided by the Department of Psychiatry in Kerry General Hospital in Tralee, St. Finan’s Hospital continued to receive transfers of residents in acute distress who required more intensive care and treatment in a more secure and safe setting. St Peter’s Ward was inspected in detail for compliance with the Regulations.

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
St. Peter’s	10	11	Rehabilitation
St. Martin’s	8	8	Rehabilitation
O’Connor East Wing	15	15	Rehabilitation
O’Connor West Wing	12	12	Rehabilitation
St. Paul’s	13	14	General adult

QUALITY INITIATIVES

- 16 health care assistants had undergone accredited training.

PROGRESS ON RECOMMENDATIONS IN THE 2008 APPROVED CENTRE REPORT

1. *A specialist care of the elderly team was required for the residents on St. Paul’s Ward.*

Outcome: The appointment of a psychiatry of later life team had been suspended due to the HSE recruitment embargo.

2. *All residents must have an multidisciplinary team care plan.*

Outcome: Multidisciplinary team care plans were present in all wards of St. Finan’s Hospital except St. Paul’s Ward.

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

Outcome: Two CNM2 posts had been assigned to the rehabilitation team on a full-time basis. There was no occupational therapist on the team and clinical psychology and social work posts were shared with other teams.

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

Outcome: Therapeutic services and programmes were provided by nursing staff and social worker attached to the rehabilitation team.

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

Outcome: An information booklet had been developed.

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

Outcome: This had been addressed.

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

Outcome: Not all policies had been implemented.

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	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

Regular staff were rostered on all clinical areas within the approved centre. Residents were known to staff. Two RPNs administer medications. A photo ID was attached to all clinical files.

Article 5: Food and Nutrition

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

A supply of fresh water was available to all residents. Food was cooked in the main kitchen in the approved centre. There was a wide choice of food available. Special dietary requirements were catered for.

Article 6 (1-2) Food Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		X
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

The approved centre was asked to submit evidence of action taken arising from the Environmental Health Officer's report of 9 March 2009 and failed to do so.

Breach: Article 6 (1)

Article 7: Clothing

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

Residents wore their own clothing, which was individually and discreetly labeled. One resident on St. Peter's Ward was being nursed in his night clothes and this was specified in the his individual care plan.

Article 8: Residents' Personal Property and Possessions

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

A policy was in place. A record was maintained of each resident's personal property and possessions and this was available to the resident. These records were separate from the residents' individual care plans. Provision was made for the safe keeping of all personal property and possessions.

Article 9: Recreational Activities

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

Residents from all wards attended the rehabilitation team Lime Grove activity centre. Most residents went out on the grounds unaccompanied; some were accompanied on walks or availed of the enclosed garden. On St. Peter's Ward, there were two pool tables and an exercise bike. All wards had TV sets and radios.

Article 10: Religion

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

The service was compliant.

Article 11 (1-6): Visits

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

A policy was in place. Appropriate arrangements were made for residents to receive visitors. It was reported that visiting times were flexible. Child visitors were facilitated off the ward. Child visitors had to be accompanied by a responsible adult. A visitor's room was available off the ward.

Article 12 (1-4): Communication

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

A policy was in place. Mobile phone use was prohibited on St. Peter's Ward. Letters were sent and received by residents.

Article 13: Searches

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

It was stated by staff on St Peter's Ward that searches of residents were not carried out. A policy was in place.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

A policy was in place.

Article 15: Individual Care Plan

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		X
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	X	
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

Although it was specifically highlighted in the previous year's report, St. Paul's Ward continued the practice of not using individual care plans as defined in the Regulations. The service had agreed that the issue would be addressed by the end of 2008. There was no evidence that it had done so. All remaining wards used individual care plans.

Breach: Article 15

Article 16: Therapeutic Services and Programmes

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		X
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	X	
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

Residents from all wards attended the rehabilitation team Lime Grove activity centre. However this was not available to all residents. Therapeutic services and programmes were not linked to each resident's individual care plan.

Breach: Article 16 (1)

Article 17: Children's Education

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	NOT APPLICABLE
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

Children were not admitted to the approved centre.

Article 18: Transfer of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		X
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

The policy only referred to transfers to and from the secure units in St. Finan's. The service reported that residents were only transferred from the acute unit to the secure units in St Finan's. However on the day of inspection, the Inspectorate noted that at least two residents had been transferred to O'Connor East Wing and O'Connor West Wing within the previous month.

Breach: Article 18 (2)

Article 19 (1-2): General Health

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	X	
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

In the clinical files examined on all wards, there was evidence that each resident's general health needs were assessed every six months. There was a policy in place.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	X	X
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

Details of the residents' multidisciplinary team were displayed. Information on housekeeping practices, including arrangements for personal property, visiting times and visiting arrangements were not provided. While on St. Peter's Ward, the Inspectorate requested a copy of the residents' information booklet which was said to contain this information, but members of staff reported that copies of this booklet were not available on the ward.

The Inspectorate advised nursing staff to reverse the poster on the window of the ward office which displayed information of relevant advocacy services so that the information faced the residents on the ward and not the occupants of the ward office.

Verbal and written information on the resident's diagnosis and suitable written information relevant to the resident's diagnosis were reported to be unavailable.

It was reported that information on indications for use of all medications to be administered to the resident, including any possible side effects was unavailable.

The policy in place was being reviewed.

Breach: Article 20 (1)(b), Article 20 (c), and Article 20 (e).

Article 21: Privacy

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	X	X
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

A dormitory containing five beds in use by residents had no privacy curtains. A bed being used by a resident was situated on the corridor outside the five-bed dormitory; it was reported that this was a permanent arrangement. It was reported that the seclusion room was being used as a bedroom. The ward appeared small and cramped and the issues regarding privacy on this ward from the previous year's report had not been addressed.

Breach: Article 21

Article 22: Premises

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	X	X
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

St. Peter's Ward did not have adequate and suitable furnishings, having regard to the number of residents on the ward.

It was of concern to the Inspectorate that wards such as St. Peter's, St. Martin's and St. Paul's, which were dilapidated, desolate and depressing and unsuitable for the provision of mental health care and treatment in the 21st century, continue to be used.

The Inspectorate was pleased to note that refurbishment work had commenced on the O'Connor units. O'Connor West Wing had been painted, a new hoist was available and new furnishing had been purchased for the unit.

Breach: Article 22 (2)

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

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		X
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

The approved centre did not have policies relating to the ordering or storing of medicines to residents. A policy on prescribing medication was in place. There was a policy on administering medication that applied only to nursing staff.

Breach: Article 23 (1)

Article 24 (1-2): Health and Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	X	
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

The service was compliant.

Article 25: Use of Closed Circuit Television (CCTV)

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	NOT APPLICABLE	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

CCTV was used outside St Martin's Ward for security purposes only and not for the observation of residents.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
St. Peter's	Nurse	4	3
	Household staff	1	0
St. Martin's	Nurse	4	3
	Household staff	1	0
St. Paul's	Nurse	4	2
	Household staff	1	0
East Wing	Nurse	3	2
	Household staff	1	0
West Wing	Nurse	2	1
	Household staff	1	0

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		X
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	X	
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

The service was not fully resourced with health and social care professionals, which limited the skill mix of staff available to residents. Residents continued to lack access to a core multidisciplinary team that included speech and language therapy and dietician.

There were 16 healthcare assistants who had received full accredited training but were currently working as domestic staff.

Two registered psychiatric nurses had been added to the rehabilitation team. A senior nurse was in charge of the facility on a 24-hour basis.

Copies of the Act, Regulations, Rules, and Codes of Practice were available at the approved centre.

Breach: Article 26 (2)

Article 27: Maintenance of Records

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

There was a policy in place. The service was compliant

Article 28: Register of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

The register of residents was compliant with Schedule 1 of the Regulations.

Article 29: Operating Policies and Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

The policies had a date of implementation and a review date. The policies were all available through the HSE local web page.

Article 30: Mental Health Tribunals

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

The service was compliant.

Article 31: Complaint Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

A policy was in place. The complaints procedure was highlighted prominently in all wards inspected. A record of complaints was examined by the Inspectorate. The approved centre's complaints procedure was satisfactory.

Article 32: Risk Management Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		X
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

A clinical governance committee was planned and part of its brief would be the review of incidents. The risk management policy should include reference to the precautions in place to control risk of accidental injury to residents or staff.

Breach: Article 32 (2)(d)

Article 33: Insurance

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

The service was compliant.

Article 34: Certificate of Registration

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

The service was compliant.

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

SECLUSION

Use: Rates of seclusion had decreased significantly on St. Peter's Ward and St. Martin's Ward.

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

Justification for this rating:

One person on St. Peter's Ward had been placed in seclusion for a two-hour period to date during 2009. The clinical file of the secluded resident was examined. The seclusion register was examined and was satisfactory. In all cases of seclusion, there was documentary evidence that the next of kin had been informed, or the reason for not doing so was clearly documented. On the day of inspection, the seclusion room was being used as a bedroom. The seclusion policy must be reviewed annually.

Breach: Section 7.5 and Section 9.1 (d).

ECT (DETAINED PATIENTS)

ECT was not provided in the approved centre and no residents were receiving ECT in an external hospital on the day of inspection.

MECHANICAL RESTRAINT

Use: It was reported that mechanical restraint was not used at the approved centre. The use of mechanical means of bodily restraint for enduring self-harming behaviour was examined on St. Paul's Ward.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
14	Orders	NOT APPLICABLE			
15	Patient dignity and safety	NOT APPLICABLE			
16	Ending mechanical restraint	NOT APPLICABLE			
17	Recording use of mechanical restraint	NOT APPLICABLE			
18	Clinical governance	NOT APPLICABLE			
19	Staff training	X			
20	Child patients	NOT APPLICABLE			
21	Part 5: Use of mechanical means of bodily restraint for enduring self-harming behaviour		X		

Justification for this rating:

On the prescription order for the use of mechanical means of bodily restraint for enduring self-harming behaviour, the duration of usage was not specified. The section for date of review was not being completed, and in some cases had been completed over a year before.

Breach: Section 21.4 (a)

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

PHYSICAL RESTRAINT

Use: It was reported to the Inspectorate that no resident on St. Peter's Ward had been physically restrained so far this year.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
2	Orders	X			
3	Resident dignity and safety	X			
4	Ending physical restraint	X			
5	Recording use of physical restraint	X			
6	Clinical governance		X		
7	Staff training	X			
8	Child residents	NOT APPLICABLE			

Justification for this rating:

The clinical file of one resident on St. Martin's Ward who had been physically restrained was examined. The resident's clinical file had been completed to a high standard and the clinical practice sheets were in order. There was documentary evidence that the resident's next of kin had been informed of the episode of physical restraint. The policy on physical restraint should be reviewed annually.

Breach: Section 6.1 (d)

ADMISSION OF CHILDREN

Children were not admitted to the approved centre.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: A record of incidents was examined by the Inspectorate. All incidents were reported on the STARS Web tracking system.

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

Justification for this rating:

The service notified the Mental Health Commission of all sudden, unexplained deaths. The risk management policy must include clinical and non-clinical risk and cover notification of deaths and incident reporting. It must cover arrangements for the identification, recording, investigation, and learning from serious or untoward incidents or adverse events involving residents. It must identify the risk manager or person with responsibility for risk management within the service and must clearly identify the roles and responsibilities of members of staff in relation to the reporting of deaths and incidents. The service was planning to set up a multidisciplinary clinical governance group whose brief would include review of incidents.

Breach: Section 4.1, Section 4.2, and Section 4.3.

ECT FOR VOLUNTARY PATIENTS

ECT was not provided in the approved centre and no residents were receiving ECT in an external hospital on the day of inspection.

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: The clinical file of one patient was examined.

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

Justification for this rating:

There was documentary evidence that the patient had given her consent in writing to the continued use of medication as specified in the Act.

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

Section 61 did not apply as no child had been admitted under Section 25.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

No resident asked to speak to the Inspectorate. Residents were greeted throughout the inspection visit.

OVERALL CONCLUSIONS

St. Finan's Hospital was a Victorian hospital which still accommodated three wards within it, with two others on the campus. The service had submitted plans for the closure of St. Finan's Hospital, the building of a 25-bed continuing care and challenging behaviour unit for older persons with mental disorders, a 15-bed intensive care rehabilitation unit, and a 10-bed community residence for the remaining residents. The plan was dependant on capital funding which was urgently required as St. Paul's Ward, St. Peter's Ward and St. Martin's Ward were in need of complete refurbishment and were not suitable for habitation by residents and for the provision of care and treatment of those residents. The opening of Lime Court under the auspices of the rehabilitation team was having a significant positive impact for many of the residents, who were being encouraged to attend activities during the day. Staff from the wards and the community services were all involved in this service. The O'Connor units appeared to be well run and well organised. The clinical files and prescription sheets were kept in very good order by nursing staff and there were good systems in place to ensure six-monthly medical examinations.

RECOMMENDATIONS 2009

1. St. Finan's Hospital should close.
2. The rehabilitation team should fill its vacant posts. Each post should be full time with the team.
3. A psychiatry of later life team should be appointed.
4. The residents of St. Peter's Ward must have their right to privacy and dignity appropriately respected. The ongoing issues relating to privacy are being worsened unacceptably by overcrowding on St Peter's Ward.
5. Seclusion rooms must not be used as bedrooms.
6. St. Paul's Ward must implement an individual care plan for each resident, as defined in the Regulations.
7. Nursing personnel should cease wearing white coats as this only serves to give the impression to anyone who visits the hospital that the type of care being delivered to residents was institutionally focused rather than focused on the progressive care to be expected in the 21st century.
8. Therapeutic services and programmes must be linked to the resident's individual care plan.
9. A policy on the transfer of residents should be implemented.
10. Information must be provided to residents in accordance with the policy.
11. The approved centre must have general policies on the ordering, storing and administration of medication.
12. The risk management policy should be in accordance with the Code of Practice for mental health services on notification of deaths and reporting of incidents.
13. The seclusion policy must be reviewed annually.
14. The use of Part 5 of the mechanical restraint Rules should include a date of review and duration of use.

15. The physical restraint policy should be reviewed annually.

16. A wheelchair bus should be provided to transport residents with mobility problems to Lime Court.