

Report of the Inspector of Mental Health Services 2010

EXECUTIVE CATCHMENT AREA	Limerick, North Tipperary, Clare
HSE AREA	West
CATCHMENT AREA	Limerick
MENTAL HEALTH SERVICE	Limerick
APPROVED CENTRE	St. Joseph's Hospital
NUMBER OF WARDS	4
NAMES OF UNITS OR WARDS INSPECTED	St. Brendan's Ward St. Mary's Ward St. Rita's Ward Aurora Rehabilitation Centre
TOTAL NUMBER OF BEDS	55
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Announced
DATE OF INSPECTION	14 April 2010

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

INTRODUCTION

In 2010, the Inspectorate paid particular attention to Articles 15 to 22 and 26 of the Mental Health Act 2001 (Approved Centres) Regulations 2006 and all areas of non-compliance with the Regulations in 2009 and any other Article where applicable. 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 2009. Information was gathered from self-assessments, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

St. Joseph's Hospital was a large grey bricked hospital opened in 1825. Four wards remained open. There were 55 residents in the hospital, three of whom were detained. The service was continuing its plan to close the hospital and eight residents had been discharged during 2009, and a further two residents were awaiting transfer to a 24-hour supervised residence. The age range of residents on the day of inspection was from 26 years to 80 years. Residents were under the care of one of three community mental health teams or the rehabilitation team.

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
St. Brendan's	15	15 + 3 on long-term leave	General Adult
St. Mary's	12	12	General Adult
St. Rita's	10	10	General Adult
Aurora	18	18	General Adult and Rehabilitation

QUALITY INITIATIVES

- The Rehabilitation Assessment ward had closed since the last inspection.
- The service had introduced a policy of not facilitating any further admissions to the hospital.
- St. Brendan's ward had been renovated recently and residents had moved back in the previous month.

PROGRESS ON RECOMMENDATIONS IN THE 2009 APPROVED CENTRE REPORT

1. Individual care plans should be introduced in line with the requirements of the Regulations. Residents should be actively involved in the setting up of their multidisciplinary team care plan and should receive a copy of their individual care plan.

Outcome: Multidisciplinary care plans had not been introduced.

2. An occupational therapy service to provide assessments and therapeutic services and programmes linked to the individual care plan was urgently needed.

Outcome: This had not happened.

3. Training in multidisciplinary care planning should be provided for all staff.

Outcome: This had not been achieved.

4. An understandable information booklet should be completed and introduced for all residents and families.

Outcome: This had been completed.

5. All policies should be agreed and signed by the multidisciplinary team.

Outcome: This had been achieved.

6. All wards were in poor condition and should be decommissioned as a matter of urgency.

Outcome: Four wards remained open. All wards had been redecorated and bathrooms had been refurbished throughout all wards.

7. All admissions to the approved centre must cease.

Outcome: The Inspectorate was informed that all admissions to the approved centre had ceased.

8. Photo identification should be introduced for residents on the continuing care units to assist with the identification of residents when in receipt of health care or medication.

Outcome: This had been completed.

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
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>		

Article 5: Food and Nutrition

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 6 (1-2): Food Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 7: Clothing

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 8: Residents' Personal Property and Possessions

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 9: Recreational Activities

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 10: Religion

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 11 (1-6): Visits

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
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>		

Justification for this rating:

A dedicated visitors' room had been made available. The service now had an open visiting policy.

Article 12 (1-4): Communication

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 13: Searches

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 15: Individual Care Plan

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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

Justification for this rating:

No resident had an individual care plan as defined in the Regulations.

Breach: 15

Article 16: Therapeutic Services and Programmes

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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

Justification for this rating:

An art therapist attended the approved centre once weekly. Therapeutic services and programmes were not linked to individual care plans as residents did not have individual care plans as defined in the Regulations.

Breach: 16(1)

Article 17: Children's Education

The approved centre did not admit children.

Article 18: Transfer of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 19 (1-2): General Health

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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

Justification for this rating:

The clinical files of residents were examined on St. Brendan's Ward: four residents were overdue their six-monthly physical examination, two of whom had not had a full physical examination for over a year.

Breach: 19(1) (b)

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Justification for this rating:

A residents' information booklet had been produced by the centre. The peer advocate visited once a month. Residents were given information on diagnoses and medication by the multidisciplinary team.

Article 21: Privacy

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	
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>		

Justification for this rating:

Partition curtains were not evident in all bedrooms.

Breach: 21

Article 22: Premises

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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

Justification for this rating:

All wards had been freshly painted and were bright and clean. The building however, was old and was not fit for the purpose of providing care and treatment to residents.

Breach: 22(3)

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 24 (1-2): Health and Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 25: Use of Closed Circuit Television (CCTV)

CCTV was not used by the approved centre.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
St. Brendan's	Nurse	3	2
St. Mary's	Nurse	3	2
St. Rita's	Nurse	4	2
Aurora	Nurse	4	2

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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

Justification for this rating:

There was a lack of multidisciplinary team input and an inadequate skill mix.

Breach: 26(2)

Article 27: Maintenance of Records

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 28: Register of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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	

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	2009	2010
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>		

Article 30: Mental Health Tribunals

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 31: Complaint Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 32: Risk Management Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 33: Insurance

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 34: Certificate of Registration

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

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

SECLUSION

Use: Seclusion was not used by the approved centre.

ECT (DETAINED PATIENTS)

Use: ECT was not provided by the approved centre.

MECHANICAL RESTRAINT

Use: Mechanical means of bodily restraint was not used by the approved centre. Mechanical means of bodily restraint under Part 5 of the Rules was used.

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	NOT APPLICABLE			
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:

The clinical file of one resident on St. Rita's Ward and the clinical files of three residents on St. Mary's Ward were examined. The centre was compliant.

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

PHYSICAL RESTRAINT

Use: It was reported on all wards that physical restraint had not been used in 2010 up to the day of Inspection.

ADMISSION OF CHILDREN

Description: The approved centre did not admit children.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: The approved centre reported deaths and incidents to the Mental Health Commission. Three deaths had occurred since the previous inspection.

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 had policies on reporting of deaths and incidents. The Mental Health Commission was notified of the deaths of residents from the approved centre. Following incidents, a meeting of relevant staff was called to examine issues surrounding the incident and if appropriate, an action plan was developed.

ECT FOR VOLUNTARY PATIENTS

Use: ECT was not provided by the approved centre.

ADMISSION, TRANSFER AND DISCHARGE

Description: The service had adopted a policy of not facilitating further admissions with a view to the closure of the 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	COMPLIANCE INITIATED	NOT COMPLIANT
	X		

Justification for this rating:

The service had policies and protocols for the admission and transfer of residents. The admission policy stated that patients were no longer admitted to the centre. There was a policy on risk management. There was no policy on discharge of elderly or homeless people. The policy on admission and transfer was due to be reviewed in July 2010.

Breach: 4.12, 4.16

Part 3 Admission Process

There had been no admission to St. Joseph's Hospital since August 2009. It was stated by the senior management team that St. Joseph's Hospital no longer admitted patients.

Part 4 Transfer Process

The following aspects were considered: 25. Transfer criteria, 26. decision to transfer, 27. assessment before transfer, 28. resident involvement, 29. multi-disciplinary 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	COMPLIANCE INITIATED	NOT COMPLIANT
X			

Justification for this rating:

The service had a policy on transfer of residents to other approved centres or general hospitals. It included protocols for transfer of information relating to the resident and provision of an up-to-date summary on the resident's condition.

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	COMPLIANCE INITIATED	NOT COMPLIANT
	X		

Justification for this rating:

The service did not provide a policy on discharge of residents. Assessments were carried out prior to transfer and next-of-kin were informed. There were no specific policies on the discharge of elderly or homeless persons.

Breach: 44.1, 44.2

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

Description: The Inspectorate was informed there were 10 residents with an intellectual disability and mental illness resident in St. Joseph’s Hospital.

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	COMPLIANCE INITIATED	NOT COMPLIANT
			X

Justification for this rating:

The service had begun to address this Code of Practice, but had not yet developed specific policies, protocols or procedures or instituted education for staff in managing people with an intellectual disability and mental illness.

Breach: 5, 6.

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: There were three detained patients in the approved centre.

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

Justification for this rating:

One detained patient gave written consent for the administration of medication, and Form 17 was signed by a consultant psychiatrist in the case of another patient. There was no evidence of either written consent or Form 17 having been completed in the case of a third patient.

Breach: 60

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

Description: The approved centre did not admit children.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

One resident requested to speak to the Inspectorate. The resident handed a written complaint regarding a housekeeping matter to the Inspectorate which was co-signed by other residents in the approved centre. The resident wished to discuss the matter. This matter was addressed by the Inspectorate to the centre's personnel at the informal feedback following the inspection. The service gave a commitment to resolve the matter. It was suggested by the Inspectorate that staff on the wards should hold regular "community meetings" with residents in order to discuss household issues and in order for the voices of residents to be heard. The resident who wished to speak to the Inspectorate was otherwise happy with their care and treatment provided.

MEDICATION

The medication sheets are in the Kardex format. The as required (PRN) medications were mixed in with regular prescription. The majority of prescriptions were legible although in some cases the signatures were illegible.

The prescription of benzodiazepines was very high despite the fact that the majority of residents were elderly. Eighty per cent of residents had a prescription for a benzodiazepine, 31% of residents were on more than one prescription for benzodiazepines. Over half the residents were on regular benzodiazepines.

The number of residents on more than one antipsychotic was also high (46%).

MEDICATION LONG STAY

NUMBER OF PRESCRIPTIONS:	54
Number on benzodiazepines	43 (80%)
Number on more than one benzodiazepine	17 (31%)
Number on regular benzodiazepines	31 (57%)
Number on PRN benzodiazepines	25 (46%)
Number on hypnotics	28 (52%)
Number on Non benzodiazepine hypnotics	5 (9%)
Number on antipsychotic medication	50 (93%)

Number on high dose antipsychotic medication	3 (6%)
Number on more than one antipsychotic medication	25 (46%)
Number on PRN antipsychotic medication	12 (22%)
Number on antidepressant medication	8 (15%)
Number on more than one antidepressant	0
Number on antiepileptic medication	18 (33%)
Number on Lithium	9 (17%)

OVERALL CONCLUSIONS

The prescription of benzodiazepines was high and required review. A surprising number of residents were prescribed more than one antipsychotic medication on a regular basis. Residents were now accommodated in four wards in St. Joseph's Hospital and the service was continuing its closure plans. The total number of beds was reduced from 65 beds in 2009 to 55 beds on the day of inspection and the Inspectorate were informed that admissions had now ceased. Although the building was old and the bedroom accommodation particularly unsuitable, the premises was clean. Multidisciplinary care plans had not been introduced and there were very limited therapeutic services and programmes available, although staff were committed to providing a caring environment for residents.

RECOMMENDATIONS 2010

1. An urgent review of medication should take place in all units in the hospital.
2. Individual care plans, as defined in the Regulations, must be introduced.
3. All residents must have regular six-monthly physical health reviews.
4. The service should work to develop policies and practices relevant to the Codes of Practice relating to Admission, Transfer and Discharge to and from an Approved Centre and Persons working in Mental Health Services with People with an Intellectual Disabilities.