

## Report of the Inspector of Mental Health Services 2010

<b>EXECUTIVE CATCHMENT AREA</b>	Limerick, North Tipperary, Clare
<b>HSE AREA</b>	West
<b>CATCHMENT AREA</b>	Limerick
<b>MENTAL HEALTH SERVICE</b>	Limerick
<b>APPROVED CENTRE</b>	St. Joseph's Hospital
<b>NUMBER OF WARDS</b>	4
<b>NAMES OF UNITS OR WARDS INSPECTED</b>	St. Mary's Ward St. Rita's Ward St. Brendan's Ward Aurora Unit
<b>TOTAL NUMBER OF BEDS</b>	54
<b>CONDITIONS ATTACHED TO REGISTRATION</b>	No
<b>TYPE OF INSPECTION</b>	Unannounced re-inspection
<b>DATE OF INSPECTION</b>	21 October 2010

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

**DESCRIPTION**

St. Joseph's Hospital was a large hospital opened in 1825 where four wards remained open. The hospital was revisited for an unannounced re-inspection following concerns over a lack of multidisciplinary team care planning; a number of residents not having up-to-date physical examinations; a lack of privacy around some bed areas and 80 per cent of residents having been prescribed either PRN (as required) or regular benzodiazepines or both.

**DETAILS OF WARDS IN THE APPROVED CENTRE**

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
St. Mary's Ward	12	12	General Adult
St. Rita's Ward	10	10	General Adult
St. Brendan's Ward	14	14	General Adult
Aurora Unit	18	17	General Adult and Rehabilitation

**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 15: Individual Care Plan**

LEVEL OF COMPLIANCE	DESCRIPTION	APRIL 2010	OCTOBER 2010
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	<b>X</b>	<b>X</b>

**Justification for this rating:**

On St. Mary's ward, ten clinical files were examined. Only three residents had an individual care plan as defined in the Regulations. On the remaining three wards where eleven residents' clinical files were examined, no resident had an individual care plan as defined in the Regulations.

**Breach: 15**

**Article 16: Therapeutic Services and Programmes**

LEVEL OF COMPLIANCE	DESCRIPTION	APRIL 2010	OCTOBER 2010
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		<b>X</b>
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	<b>X</b>	

**Justification for this rating:**

On all four wards, there was evidence of therapeutic services and programmes being carried out. An Art Therapist visited each ward once weekly. St. Mary's ward had an Activities Nurse. However, these therapeutic services and programmes were not in accordance with the residents' individual care plans as the majority of residents did not have such a care plan.

**Breach: 16 (1)**

**Article 19 (1-2): General Health**

LEVEL OF COMPLIANCE	DESCRIPTION	APRIL 2010	OCTOBER 2010
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	<b>X</b>	

**Justification for this rating:**

There was evidence that the general health needs of residents were assessed frequently and that full physical examinations were carried out six-monthly. There was evidence in most wards that adequate arrangements were in place for access by residents to general health services and for their referral to other health services as required. However, it was reported in St. Rita's ward that a number of residents had experienced choking episodes in recent times and that these residents had been referred for speech and language assessment. It was reported that a number of residents had been waiting for assessment for as long as five months. It was confirmed to the Inspectorate at the informal feedback meeting and that the services of a speech and language therapist to undertake the appropriate assessments were being purchased.

**Article 21: Privacy**

---

LEVEL OF COMPLIANCE	DESCRIPTION	APRIL 2010	OCTOBER 2010
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>	<b>X</b>	
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

**Justification for this rating:**

There was evidence, on the day of inspection, that the residents' privacy was appropriately respected. In the dormitory areas, the space around beds was very limited, particularly in St. Mary's ward.

**Article 22: Premises**

LEVEL OF COMPLIANCE	DESCRIPTION	APRIL 2010	OCTOBER 2010
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	<b>X</b>	<b>X</b>

**Justification for this rating:**

Although it had been reported in the April 2010 inspection that all wards had been freshly painted, this paint had worn badly in some ward areas because of the old walls, where in places, the plaster was cracking and dampness in some areas had once again began to show. St. Rita's ward looked drab and it was reported that this was due to its positioning away from direct sunlight. The building was old, built in 1825, and thus difficult to maintain. All wards were clean. The building, however, remained unsuitable for the purpose of providing care and treatment to residents.

**Breach:** 22 (3)

**Article 26: Staffing**

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

LEVEL OF COMPLIANCE	DESCRIPTION	APRIL 2010	OCTOBER 2010
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	<b>X</b>	<b>X</b>

**Justification for this rating:**

There continued to be a lack of multidisciplinary team input and an inadequate skill mix.

**Breach:** 26 (2)

**ADMISSION, TRANSFER AND DISCHARGE**

---

**Description:** Admissions to the approved centre had ceased. Transfers occurred at times, between wards. It was reported that this year to the date of inspection, there had been no discharges.

**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
<b>X</b>			

**Justification for this rating:**

A copy of the policy on admission, transfer and discharge was forwarded to the Inspectorate following this unannounced re-inspection.

**Part 3 Admission Process**

It was reported to the Inspectorate that St. Joseph's Hospital was closed to admissions.

**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
<b>X</b>			

**Justification for this rating:**

It was reported that no resident had been transferred this year to the date of inspection. A policy was available.

**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
<b>X</b>			

**Justification for this rating:**

It was reported that no resident had been discharged this year to the date of inspection. There was a discharge policy available.

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

---

**Description:** Ten residents, who had an intellectual disability and mental illness were resident in the approved centre.

*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
			<b>X</b>

**Justification for this rating:**

Specific policies, protocols and procedures had not been developed. No staff member had received education and training to support the principles and guidance in this Code of Practice. The majority of residents did not have an individual care plan.

**Breach:** 5, 6, 8.

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

**SECTION 60 – ADMINISTRATION OF MEDICINE**

---

**Description:** There was one detained patient on each of St. Mary’s, St. Rita’s and Aurora wards.

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

**Justification for this rating:**

One clinical file from each of St. Mary’s ward, St. Rita’s ward and Aurora ward was examined. The approved centre was compliant with Section 60 of the Mental Health Act (2001).

## **SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE**

### **SERVICE USER INTERVIEWS**

No resident requested to speak with the Inspectorate. Residents were greeted by the Inspectorate on all four wards on the day of inspection.

### **OVERALL CONCLUSIONS**

There was evidence of a more proactive approach in ensuring that the physical health care needs of residents were being attended to. There was no evidence whatsoever of any real progress in attempting to introduce individual care plans for each resident despite the existence of the Regulations since November 2006.

### **RECOMMENDATIONS 2010**

1. St. Joseph's Hospital was unsuitable for the purpose of providing care and treatment to residents and should close.
2. Individual care plans, as defined in the Regulations, must be introduced.
3. An urgent review of medication should take place in all four wards in the hospital.
4. All teams must be staffed in accordance with *A Vision for Change* recommendations.
5. The approved centre should work to develop policies relating to working with in Mental Health Services with People with Intellectual Disabilities.