

Report of the Inspector of Mental Health Services 2011

EXECUTIVE CATCHMENT AREA	Carlow / Kilkenny / South Tipperary
HSE AREA	South
MENTAL HEALTH SERVICE	South Tipperary
APPROVED CENTRE	St. Luke's Hospital, Clonmel
NUMBER OF WARDS	3
NAMES OF UNITS OR WARDS INSPECTED	St. Mary's Ward St. Paul's Ward St. Teresa's Ward
TOTAL NUMBER OF BEDS	52
CONDITIONS ATTACHED TO REGISTRATION	Yes
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	22 June 2011

OVERVIEW

In 2011, 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 2010 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 2010. Information was gathered from self-assessments, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

St. Luke's Hospital was a Victorian hospital spread over a large campus adjacent to the South Tipperary General Hospital in Clonmel. Over the last few years, the bed numbers in St. Luke's Hospital had been gradually reduced with a view to closing the hospital. One further ward had been closed since the inspection of 2010 and there were now three wards open, only one of which was in the original building. Building was well under way on a new unit in the grounds of the general hospital and it was expected that the remaining residents from St. Luke's Hospital would be relocated there by 2012.

The following conditions were attached to the registration of St. Luke's Hospital:

1. The Mental Health Commission prohibits the admission of residents for the purpose of relieving bed shortages in another approved centre.
2. The Mental Health Commission requires the provision of occupational therapy for the residents in St. Paul's ward.
3. The Mental Health Commission requires evidence of full compliance with Article 22 (Premises) of the Mental Health Act 2001 (Approved Centres) Regulations 2006 by no later than 31 May 2011.

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

COMPLIANCE RATING	2009	2010	2011
Fully Compliant	27	26	26
Substantial Compliance	2	2	4
Minimal Compliance	1	1	0
Not Compliant	0	1	0
Not Applicable	1	1	1

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. Mary's	18	17	Psychiatry of Old Age
St. Paul's	19	17	Rehabilitation and Recovery
St Teresa's	15	13	Rehabilitation and Recovery

QUALITY INITIATIVES

- The garden area had been restructured and provided a pleasant area for residents.
- An 'end of life' room had been designated in St. Mary's ward which offered a dignified and quiet place for terminally ill residents and their families.
- Two medical audits were ongoing which examined medication kardexes and medication prescribing.
- A Garden Fete had been held in the hospital.
- Outreach services continued to be developed and were assisting former residents in relocating to alternative accommodation.

PROGRESS ON RECOMMENDATIONS IN THE 2010 APPROVED CENTRE REPORT

1. A review of medication should take place.

Outcome: Two medical audits were ongoing which examined medication kardexes and medication prescribing.

2. Residents must not be admitted for the purpose of relieving bed shortages in another approved centre.

Outcome: No resident had been admitted for the purpose of alleviating bed shortages.

3. Occupational therapy should be provided for residents in St. Paul's ward.

Outcome: An occupational therapist had commenced individual assessments of residents.

4. The approved centre should ensure that there was a suitable mix of gender of residents in individual wards.

Outcome: This had been done.

5. Staff should be familiar with the evacuation process in the event of a fire and it was suggested that fire drills should be conducted.

Outcome: Fire drills had been carried out and staff had been trained in fire evacuation drills.

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:

Inspection of this Article was based on self-assessment.

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>			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:

Residents in St. Mary's and St. Paul's wards did not have a choice of meal available unless arrangements were previously made.

Breach: 5 (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	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:

Inspection of this Article was based on self-assessment.

Article 7: Clothing

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:

Inspection of this Article was based on self-assessment.

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:

Inspection of this Article was based on self-assessment. The service had an up-to-date policy on residents' personal property.

Article 9: Recreational Activities

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:

Inspection of this Article was based on self-assessment.

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:

Inspection of this Article was based on self-assessment.

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:

Inspection of this Article was based on self-assessment. The service had a policy in regard to visiting.

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:

Inspection of this Article was based on self-assessment. 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	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:

Inspection of this Article was based on self-assessment. The service had an up-to-date policy with regard to searches.

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:

Inspection of this Article was based on self-assessment. There was a written policy on care of residents who are dying.

Article 15: Individual Care Plan

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:

A number of clinical files were examined in all wards. There was evidence in the clinical files examined that residents had individual care plans. These individual care plans specified goals and identified interventions. In many cases, residents had signed their individual care plan and in cases where this did not happen, the reason was documented.

Article 16: Therapeutic Services and Programmes

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:

Several clinical files were examined. There was evidence that therapeutic services were linked to individual care plans. There were entries in the clinical files of interventions by occupational therapists and social workers. Nursing staff were actively engaged in providing therapeutic activities for residents by means of groups such as 'Sonas'. There was a horticultural programme in St. Teresa's ward.

Article 17: Children's Education

Children were not admitted to the approved centre.

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:

It was reported that no residents had been transferred from the approved centre in 2011. A number of clinical files were examined and there was no evidence of transfer of a resident to alleviate bed shortages in another centre. There was a policy regarding the transfer of residents.

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	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:

Many of the residents had been resident in the approved centre for longer than six months. Examination of a number of clinical files indicated that residents had a physical examination carried out within the previous six months. There was a policy on responding to medical emergencies.

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

Justification for this rating:

There was an information leaflet for residents. Each ward had an information pack and information regarding advocates was displayed in each ward. There was a policy regarding the provision of information.

Article 21: Privacy

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:

In St. Mary's and St. Paul's wards, accommodation was provided in spacious dormitories. Each bed had a curtain around it for privacy, and female residents had single rooms. In one bathroom in St. Paul's ward, the toilet doors had no locks. Privacy was ensured in St. Teresa's ward.

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>			X
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>	X	X	
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Most of the ward areas were very clean, apart from one bathroom in St. Paul's ward where there were a number of cobwebs. There was a large patch of plasterwork missing from one wall in this ward. St. Mary's ward had been redecorated last year and was well maintained.

St. Teresa's ward was unsuitable as a rehabilitation unit as it was spread over two buildings separated by a courtyard. There were a number of maintenance issues such as peeling paint, plaster fallen off the wall and missing tiles. The ward was clean. There were plans to move St. Teresa's ward to a purpose built unit in the near future.

Breach: 22 (1) (a) (c)

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	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:

Inspection of this Article was based on self-assessment. The service had an up-to-date policy relating to the ordering, prescribing, storing and administration of medicines.

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:

Inspection of this Article was based on self-assessment. There was a service policy on health and safety.

Article 25: Use of Closed Circuit Television (CCTV)

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:

Inspection of this Article was based on self-assessment. There was an up-to-date policy on the use of CCTV.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
St. Mary's ward	CNM	1	0
	RPN	4	3
St. Paul's ward	CNM	1	0
	RPN	4	2
St. Teresa's ward	CNM 2	1	0
	RPN	3	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>	X	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 an occupational therapist in St. Mary's ward and an occupational therapist had begun work in St. Paul's ward. The psychiatry of old age team did not have a psychologist. There was access to a psychologist and occupational therapist in St. Teresa's ward. However there was no access to social work. The service had a policy and procedures for the recruitment, selection and vetting of staff.

Breach: 26 (2)

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	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:

Inspection of this Article was based on self-assessment. The service had a policy on maintaining records.

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:

Inspection of this Article was based on self-assessment

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	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:

Inspection of this Article was based on self-assessment.

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:

Inspection of this Article was based on self-assessment.

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:

Inspection of this Article was based on self-assessment. There was an up-to-date policy relating to the making, handling and the investigation of complaints. There was a nominated person for handling complaints.

Article 32: Risk Management 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:

Inspection of this Article was based on self-assessment. The service had a comprehensive risk management policy in place.

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:

Inspection of this Article was based on self-assessment.

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:

A copy of the registration was displayed in the entrance hall of St. Luke's Hospital.

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

SECLUSION

Use: Seclusion was not used in St. Luke's Hospital.

ECT (DETAINED PATIENTS)

Use: Electroconvulsive therapy (ECT) was not used in the approved centre.

MECHANICAL RESTRAINT

Use: Mechanical Means of Bodily Restraint under Part 5 of the Rules was used in St. Mary's and St. Paul's wards.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
1	General principles	NOT APPLICABLE			
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:

A number of clinical files of residents who were being mechanically restrained under Part 5 of the Rules were examined. All orders for restraint were documented in the clinical files with details of the type of restraint, duration and date of review.

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

PHYSICAL RESTRAINT

Use: Physical restraint was not used in St. Mary's, St. Teresa's or St. Paul's wards.

ADMISSION OF CHILDREN

Description: Children were not admitted to the approved centre.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: There were two deaths in St. Mary's ward and one death in St. Paul's ward in 2011 to the time of inspection.

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:

Deaths were notified to the Mental Health Commission as is required. A record of incidents was kept on the wards and these were notified to the Mental Health Commission every six months. The service had an up-to-date policy on risk management.

ECT FOR VOLUNTARY PATIENTS

Use: ECT was not used in the approved centre.

ADMISSION, TRANSFER AND DISCHARGE

Description: Residents were admitted to, transferred and discharged from the approved centre.

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:

The service had policies on Admission, Transfer and Discharge of residents. Admissions were generally planned admissions. A key worker system was in operation and there were policies on individual care plans, medication and personal property and possessions. There was documentation that staff had read the policies.

The approved centre was compliant with Article 8 regarding personal property and possessions, Article 23 regarding Ordering, Prescribing, Storing and Administration of Medicines, Article 29 regarding operational policies and Article 32 on risk management of the Regulations.

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:

All residents whose clinical files were examined had individual care plans. A key worker system was in place. The clinical file of one resident admitted recently to St. Paul's ward was examined. Prior to the admission, the resident had an opportunity to visit the ward for a familiarisation visit. On admission, a risk assessment was carried out and an initial individual care plan was drawn up. A further clinical risk assessment was carried out within three days of admission. The clinical files contained integrated clinical notes. In St. Teresa's ward residents were assessed prior to admission, each had a risk assessment full examination and an individual care plan.

The approved centre was compliant with Articles 7,8,15, 20 and 27 of the Regulations.

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:

One resident had been transferred from the approved centre to another approved centre. The resident was accompanied by a member of nursing staff. The decision to transfer the resident was taken by the consultant psychiatrist. As the clinical file accompanied the resident on transfer, it was not possible to assess documentation in relation to the transfer.

The approved centre was compliant with Article 18, Transfer of Residents of the Regulations.

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
X			

Justification for this rating:

No resident had been discharged recently from St. Mary's or St. Paul's wards. Discharges from St. Teresa's ward were decided by the multidisciplinary team. A discharge summary was prepared and outside agencies and family notified.

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

Description: One resident in St. Paul's ward had an intellectual disability and mental illness.

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
	X		

Justification for this rating:

The service had a policy on working with people with intellectual disability in the mental health services. Some members of staff had received training in this area, but not all staff had been trained. All residents had individual care plans.

Breach: 6.1

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: There were a number of detained patients in the approved centre.

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:

St. Mary's Ward: Two patients had been detained under the Mental Health Act 2001 for a period greater than three months. Both patients were receiving medicine for the purpose of ameliorating their mental disorder. The clinical files of these patients were examined by the Inspectorate. In one clinical file the written consent of the patient to the continued administration of such medicine was present. In the other clinical file, the appropriate form (Form 17) as specified by the Mental Health Commission had been completed.

St Paul's Ward: One patient had been detained under the Mental Health Act 2001 for a period greater than three months. The clinical file of this patient was examined by the Inspectorate. The appropriate form (Form 17) as specified by the Mental Health Commission had been completed.

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

In St. Mary's and St. Paul's wards, the Inspectorate had brief conversations with a number of the residents. None of the residents requested to speak directly with the Inspectorate.

OVERALL CONCLUSIONS

St. Luke's Hospital continued to be in a state of transition with a closing date now identified. Three wards remained open and these wards provided a mix of continuing and rehabilitative care. Overall, the premises were clean, and reasonably well-maintained. All residents had individual care plans and therapeutic services were linked to these individual care plans. There continued to be a lack of full multidisciplinary teams but an occupational therapist had begun work in St. Paul's ward.

The approved centre was fully compliant with the conditions attached to registration that the Mental Health Commission had imposed. These conditions prohibited the admission of residents for the purpose of relieving bed shortages in another approved centre and required the provision of occupational therapy for residents in St. Paul's ward.

The approved centre was not fully compliant with the condition attached to registration that the Mental Health Commission required evidence of full compliance with Article 22 (Premises) of the Mental Health Act 2001 (Approved Centres) Regulations 2006 by no later than 31 May 2011.

RECOMMENDATIONS 2011

1. A choice of menu should be available for residents.
2. Locks which do not compromise safety should be fitted to all toilet doors in St. Paul's ward.
3. All teams should be resourced to provide full multidisciplinary teams.
4. The service should be compliant with the condition in place relating to the premises.