

## Report of the Inspector of Mental Health Services 2010

<b>EXECUTIVE CATCHMENT AREA</b>	Carlow/Kilkenny/South Tipperary
<b>HSE AREA</b>	South
<b>CATCHMENT AREA</b>	South Tipperary
<b>MENTAL HEALTH SERVICE</b>	South Tipperary
<b>APPROVED CENTRE</b>	St. Luke's Hospital, Clonmel
<b>NUMBER OF WARDS</b>	4
<b>NAMES OF UNITS OR WARDS INSPECTED</b>	St. Theresa's Ward St. Paul's Ward St. Mary's Ward St. Bridget's Ward
<b>TOTAL NUMBER OF BEDS</b>	71
<b>CONDITIONS ATTACHED TO REGISTRATION</b>	Yes
<b>TYPE OF INSPECTION</b>	Announced
<b>DATE OF INSPECTION</b>	19 August 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. Luke's Hospital was a large Victorian Hospital in the process of closing down. Seventy-one beds remained open on the day of inspection, of these, only one ward, St. Teresa's, with 18 beds, remained in the building proper. St. Paul's ward, which was situated a short drive off campus, had 19 beds; St. Mary's ward, a separate unit in the grounds, had 18 beds; and St. Bridget's ward, which was reported to be scheduled for closure in September 2010, had 16 beds.

Conditions were imposed on the registration of the approved centre on 14 May 2009. Full compliance must be obtained by St. Luke's Hospital under the Regulations for Approved Centres in relation to individual care plans, therapeutic services and programmes, transfer of residents, provision of information to residents, premises and staffing and risk management procedures.

### **DETAILS OF WARDS IN THE APPROVED CENTRE**

<b>WARD</b>	<b>NUMBER OF BEDS</b>	<b>NUMBER OF RESIDENTS</b>	<b>TEAM RESPONSIBLE</b>
St Teresa's	18	17	Rehabilitation and Recovery
St. Paul's	19	15	Rehabilitation and Recovery
St. Mary's	18	18	Psychiatry of Old Age
St. Bridget's	16	14	General Adult

### **QUALITY INITIATIVES**

- A service user's forum had been set up in St. Teresa's ward to give residents more input into how the ward was managed and run.
- A service user and carer project had been completed in conjunction with Dublin City University - this involved project work in St. Theresa's ward.

- Risk management and clinical incident review was now, firstly reviewed at ward level to benefit learning and then went to the wider multidisciplinary risk management review meetings where recommendations were made.
- St. Mary's ward had been refurbished and the sleeping areas were now separated from the living areas.
- A multidisciplinary clinical governance committee had been established which also included the peer advocate.

## **PROGRESS ON RECOMMENDATIONS IN THE 2009 APPROVED CENTRE REPORT**

1. An advocacy service should be made available to residents on St Bridget's Ward.

Outcome: It was reported that this was now available

2. The individual care planning process should be developed further and there should be evidence of an assessment completed at each stage.

Outcome: This had been achieved.

3. All individual care plans should be reviewed and updated on a regular basis.

Outcome: In the individual care plans examined on all four wards there was evidence of regular review.

4. Documentation on Seclusion and Physical Restraint must be completed in full.

Outcome: Seclusion was no longer used at the approved centre and no resident had been physically restrained.

5. The plan to close the hospital and place individuals in appropriate settings based on needs must continue.

Outcome: There was evidence that this was occurring.

6. The skill mix of staff should be reviewed on a regular basis to ensure it meets the needs of the residents.

Outcome: One occupational therapist had returned from leave and one new post had been filled.

**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**

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

**Article 5: Food and Nutrition**

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

**Article 6 (1-2): Food Safety**

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

**Article 7: Clothing**

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

**Article 8: Residents' Personal Property and Possessions**

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



**Article 9: Recreational Activities**

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

**Article 10: Religion**

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

**Article 11 (1-6): Visits**

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

**Article 12 (1-4): Communication**

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

**Article 13: Searches**

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

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

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

**Article 15: Individual Care Plan**

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LEVEL OF COMPLIANCE	DESCRIPTION	2009	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:**

Two residents' clinical files were examined on all four wards. These residents had an individual care plan as defined in the Regulations. The centre had produced a useful Care Plan Preparation Form for residents to enable them to contribute to their individual care plan meetings.

**Article 16: Therapeutic Services and Programmes**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	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:**

Clinical files of several residents were examined. A link between an individual's care plan and therapeutic services and programmes was not evident in all cases.

**Breach: 16**



**Article 17: Children's Education**

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Children were not admitted to the approved centre.

**Article 18: Transfer of Residents**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	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:**

In the clinical files of two residents who had been discharged from St. Michael's Unit and admitted to St. Luke's Hospital, the reasons for the transfer of these patients was to make beds available on St. Michael's Unit for admissions. These reasons were clearly stated on both clinical files. Photocopy evidence was gathered by the Inspectorate.

**Breach: 18(1)**

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

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

**Justification for this rating:**

In the clinical files examined on all four wards there was evidence of six-monthly physical examinations and evidence of on-going physical health care and treatment.

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

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

**Justification for this rating:**

St. Teresa's ward was updating the patient information booklet to make it more specific to the ward. Each ward provided a written information pack to residents. Contact details for peer advocacy were available and highly visible on all four wards. Written information was provided to all residents on medication and its side effects.

**Article 21: Privacy**

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

**Justification for this rating:**

There was evidence on the day of inspection that the residents' privacy was appropriately respected.

**Article 22: Premises**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	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>X</b>
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

**Justification for this rating:**

All four wards were clean and maintained in good decorative order. Attempts were on-going on all four wards to make the environment as homely as possible. St. Teresa's was a ward spread out over a lengthy area with the sleeping accommodation for male residents on the first floor and the sleeping accommodation for female residents on the ground floor. The night nurses had repositioned their stations closer to these areas. Much work had been carried out to St. Mary's ward to make it homelier and the sleeping areas had been separated from the day areas. The physical structure of all four wards was old and incorporated high-cost regular maintenance. It was reported that St. Bridget's ward was due to close in September 2010.

**Breach:** 22 (3)

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

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

**Article 24 (1-2): Health and Safety**

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



**Article 25: Use of Closed Circuit Television (CCTV)**

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

**Article 26: Staffing**

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
St Teresa's	Nursing	4 including CNM	2
	Household	2	0
St. Paul's	Nursing	5 including CNM	2
	Household	2	0
St Mary's	Nursing	5 including CNM	2
	Household	2	0
St. Bridget's	Nursing	4 including CNM	2
	Household	2	0

LEVEL OF COMPLIANCE	DESCRIPTION	2009	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>X</b>	<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:**

One occupational therapist had returned from leave and one new post had been filled. There was no occupational therapy available on St. Paul's ward.

**Breach:** 26 (2)

**Article 27: Maintenance of Records**

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

**Article 28: Register of Residents**

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

**Article 29: Operating policies and procedures**

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

**Article 30: Mental Health Tribunals**

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

**Article 31: Complaint Procedures**

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

**Article 32: Risk Management Procedures**

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



**Article 33: Insurance**

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

**Article 34: Certificate of Registration**

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

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

**SECLUSION**

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**Use:** Seclusion was not used at the approved centre.

**ECT (DETAINED PATIENTS)**

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**Use:** ECT was not administered at the approved centre and no patient was receiving a course of ECT.

**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	<b>NOT APPLICABLE</b>			
15	Patient dignity and safety	<b>NOT APPLICABLE</b>			
16	Ending mechanical restraint	<b>NOT APPLICABLE</b>			
17	Recording use of mechanical restraint	<b>NOT APPLICABLE</b>			
18	Clinical governance	<b>NOT APPLICABLE</b>			
19	Staff training	<b>NOT APPLICABLE</b>			
20	Child patients	<b>NOT APPLICABLE</b>			
21	Part 5: Use of mechanical means of bodily restraint for enduring self-harming behaviour	<b>X</b>			

**Justification for this rating:**

The clinical files of two residents on St. Paul's ward and two residents on St. Mary's ward who were mechanically restrained using lap belts under Part 5 of the Rules were examined. The approved centre was compliant.

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

**PHYSICAL RESTRAINT**

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**Use:** Physical restraint was inspected on St. Teresa's ward. No resident had been physically restrained this year to the date of inspection. The Clinical Practice Form book was examined.

**ADMISSION OF CHILDREN**

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**Description:** Children were not admitted to the approved centre.

**NOTIFICATION OF DEATHS AND INCIDENT REPORTING**

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**Description:** At the time of inspection there had been seven deaths in 2010.

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 approved centre submitted death notification forms to the Mental Health Commission. A record of incidents was examined on St. Teresa's ward. The approved centre provided a six-monthly summary report of all incidents to the Mental Health Commission. The approved centre had an up-to-date Risk Management policy.

**ECT FOR VOLUNTARY PATIENTS**

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**Use:** ECT was not administered at the approved centre and no patient was receiving a course of ECT.

**ADMISSION, TRANSFER AND DISCHARGE**

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**Description:** Individuals already under the care of community mental health teams were admitted to the approved centre. Residents were transferred to 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	COMPLIANCE INITIATED	NOT COMPLIANT
	<b>X</b>		

**Justification for this rating:**

The approved centre had written policies on Admission, Transfer and Discharge of residents. The centre had a Risk Management policy. There was evidence of risk assessment in all clinical files inspected.

The approved centre's policy on transfer of patients had been breached.

**Breach:** 4, 13



### 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	COMPLIANCE INITIATED	NOT COMPLIANT
	<b>X</b>		

**Justification for this rating:**

The admission criteria for two residents who had been discharged from St. Michael’s Unit were to make beds available for admission in St. Michael’s Unit. Photocopy evidence was obtained. It was reported that one resident in St. Teresa’s unit, who was not under the care of the Rehabilitation and Recovery team had been inappropriately placed on the ward. Residents had individual care plans and the approved centre operated a key-worker system. There was a system in place for conducting pre-admission assessments on residents of the rehabilitation team, but this was not always carried out.

**Breach:** 12.1

**Part 4 Transfer Process**

*The following aspects were considered: 25. Transfer criteria, 26. decision to transfer, 27. assessment before transfer, 28. resident involvement, 29. 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:**

There was evidence in the clinical files of two residents that their transfers had been affected for the purposes of relieving bed shortages in another approved centre, St. Michael's Hospital. This was not considered to be in the best interests of the resident.

**Breach:** 25.1

**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:**

A number of residents had been discharged from St. Bridget’s ward and further discharges were planned by the end of September 2010. Assessments had been carried out on residents who were due to be discharged to determine the most appropriate placement, and a considerable amount of planning had gone into arranging these transfers. Relatives had been involved in the process.

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

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**Description:** Six residents on St. Teresa’s ward had an intellectual disability and mental illness. Eleven residents on St Bridget’s ward had an intellectual disability and mental illness. One resident on 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	COMPLIANCE INITIATED	NOT COMPLIANT
	<b>X</b>		

**Justification for this rating:**

The approved centre had policies and protocols in relation to the Code of Practice “Guidance for Persons working in Mental Health Services with People with Intellectual Disabilities”. In all clinical files examined by the Inspectorate, each resident had an Individual Care Plan. Staff had not received training to support the principles in this Code of Practice.

**Breach: 6**

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

**SECTION 60 – ADMINISTRATION OF MEDICINE**

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**Description:** On St Teresa’s ward, one resident was detained for a period in excess of three months. Two residents on St. Mary’s ward had been detained for a period in excess of three months.

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:**

The clinical files of these residents were examined. The approved centre was compliant with Section 60 of the Mental Health Act 2001.

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

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**Description:** As the approved centre did not admit children this Section of the Act was not applicable.

## SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

### SERVICE USER INTERVIEWS

One resident requested to speak to the Inspectorate. The resident was unhappy with their care and treatment. The resident's concerns were addressed at the feedback meeting between the Inspectorate and the management team. It was agreed that actions would take place immediately to address the resident's concerns and that written confirmation of this would be sent to the Inspectorate. No other resident requested to speak with the Inspectorate and many residents were greeted during the inspection.

### MEDICATION

The medication sheets were in booklet format and contained a photograph of the resident. They were easy to read although some doctor's signatures were illegible. However, there was a signature log attached to the medication kardex where the medical council registration number was recorded. PRN (as required) medication was separate from regular medication.

Almost half of the residents (48%) were prescribed more than one antipsychotic and 22% were on high dose antipsychotic medication. Sixty six per cent of residents were prescribed either regular or PRN benzodiazepine medication and 61% were prescribed night sedation.

### MEDICATION LONGSTAY

<b>NUMBER OF PRESCRIPTIONS:</b>	<b>64</b>
<b>Number on benzodiazepines</b>	<b>42 (66%)</b>
<b>Number on more than one benzodiazepine</b>	<b>12 (19%)</b>
<b>Number on regular benzodiazepines</b>	<b>33 (52%)</b>
<b>Number on PRN benzodiazepines</b>	<b>19 (29%)</b>
<b>Number on hypnotics</b>	<b>39 (61%)</b>
<b>Number on Non benzodiazepine hypnotics</b>	<b>25 (39%)</b>
<b>Number on antipsychotic medication</b>	<b>56 (88%)</b>
<b>Number on high dose antipsychotic medication</b>	<b>14 (22%)</b>
<b>Number on more than one antipsychotic medication</b>	<b>31 (48%)</b>

<b>Number on PRN antipsychotic medication</b>	<b>19 (29%)</b>
<b>Number on antidepressant medication</b>	<b>19 (29%)</b>
<b>Number on more than one antidepressant</b>	<b>0</b>
<b>Number on antiepileptic medication</b>	<b>18 (28%)</b>
<b>Number on Lithium</b>	<b>2 (3%)</b>

## OVERALL CONCLUSIONS

St. Luke's Hospital provided continuing and rehabilitation care for 71 residents. The approved centre was in the process of reducing bed numbers and had almost completed the transfer of residents with intellectual disability and mental illness from the approved centre to more appropriate accommodation. In addition, work had been carried out in some sections of the hospital to improve the physical structure of the wards. Although one additional post in occupational therapy had been created, there was still no occupational therapist attending St. Paul's ward. It was of significant concern to the Inspectorate that transfers of residents to St. Luke's Hospital from St. Michael's Unit had been carried out to facilitate a bed shortage in that unit. This was contrary to the conditions imposed on the approved centre by the Mental Health Commission. The use of more than one regular antipsychotic medication was high.

## RECOMMENDATIONS 2010

1. A review of medication should take place.
2. Residents must not be admitted for the purpose of relieving bed shortages in another approved centre.
3. Occupational therapy should be provided for residents in St. Paul's ward.
4. The approved centre should ensure that there was a suitable mix of gender of residents in individual wards.
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.