Report of the Inspector of Mental Health Services 2009

MENTAL HEALTH SERVICE	HSE South
APPROVED CENTRE	St. Senan's Hospital
CATCHMENT AREA	Wexford
NUMBER OF WARDS	7
NAMES OF UNITS OR WARDS INSPECTED	St. Anne's Ward St. Claire's Ward St. Christopher's Ward St. Edna's Ward St. Aidan's Ward ECT Suite Recreational Therapy
TOTAL NUMBER OF BEDS	102
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Announced
DATE OF INSPECTION	19 May 2009

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

DESCRIPTION

St. Senan's Hospital, Enniscorthy, provided in-patient services for the Wexford catchment, which had a population of 131,615. In-patient provision was divided into acute care, rehabilitation and intellectual disability, and continuing care and elderly. In 2008 there were 147 beds on eleven wards and at the time of the 2009 inspection there were 102 beds on seven wards. The hospital has been actively and successfully working towards closing wards and taking down beds. Consequently, the service had to date been able to redeploy eight staff to expand services provided in the community. A further eight posts, which were freed up as a result of the last ward closure, had been suppressed to provide funding for the placement of patients in nursing homes (13 residents from St. Elizabeth's Ward). Cutbacks within the HSE were having an impact on the service's ability to progress in line with *A Vision for Change*.

In-patient care was provided in an old Victorian building that was not fit for purpose. Privacy was limited by the use of dormitory-style bedrooms. For example, on the acute admissions ward the 13 beds were located in one room and there was limited day area space. The cost of ongoing maintenance for this large old building was significant and although the wards were kept clean they were in need of refurbishment, particularly in the shower and toilet area of the female acute ward.

The continued use of institutional care setting for people with an intellectual disability and those with enduring illnesses was of concern. There were 15 residents with an intellectual disability across two wards on the day of inspection. A significant number lacked any capacity to make informed decisions about their care and treatment. They were not detained and in the absence of any capacity legislation had no legal protections for their rights.

Another area of concern continued to be the practice of sleeping out residents from the acute units when bed capacity had been reached. A recent health and safety report highlighted the fact that this practice posed risks for residents who were being slept out and for residents on the wards they were transferred to. This practice also violates the resident's privacy and was likely to be unsettling for all concerned. Although the approved centre reported that the rate was lower than previously, there were 65 episodes of residents sleeping out from January to April 2009. Although the service was actively pursuing a number of initiatives to cease this practice, the recommendation that sleeping out should be discontinued had been repeated as a recommendation in the *Report of the Inspector of Mental Health Services* for the last five years.

There had been significant improvement in the quality of clinical care over the past few years and the service had made significant progress in terms of compliance with the Rules, Regulations, Codes of Practice and the quality initiatives. Despite the current cost containment context within the health services in general, the enthusiasm and eagerness of staff to bring about progress in the service was evident during the inspection and there was a sense of ownership and pride about developments that had been implemented on the wards.

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
St. Anne's Ward	13	8	General adult
St. Claire's Ward	13	17	General adult
St. Aidan's Ward	15	15	Psychiatry of later life
St. Christopher's Ward	13	13	Rehabilitation
St. Gertrude's Ward	19	17	General adult
Pre-Discharge Unit	15	15	General adult Rehabilitation
St. Enda's Ward	14	14	Rehabilitation

QUALITY INITIATIVES

- Two elderly care wards had closed and residents had been relocated to nursing home care where appropriate. They were followed up in accordance with the MHC Code of Practice.
- The residents of St. Brendan's Ward had made the successful transition from in-patient care to a purpose-built home in a nearby village. A considerable amount of work had been completed by all staff to make this a success.
- All residents in the hospital with a housing need were registered with Wexford County Council.
- There was an active arts programme linking the residents and local communities.
- Two health care assistant posts had had a positive role in the provision of care on St. Aidan's Ward. Two additional staff had been trained and appointed to the service.
- The provision of one-hour music sessions on St. Christopher's Ward and St. Aidan's Ward had been a welcome introduction.
- A garden space was being developed for the residents of St. Aidan's Ward.
- There had been a review of all day services and Skillbase programmes provided on campus for in-patients and day attenders.
- A number of people had been successfully discharged from the rehabilitation ward.

PROGRESS ON RECOMMENDATIONS IN THE 2008 APPROVED CENTRE REPORT

1. The practice of sleeping out residents from the acute admission wards must cease.

Outcome: Although the approved centre reported that the rate was reducing, there were 65 episodes of residents "sleeping out" from January to April 2009. It was reported that a plan was being prepared to consolidate a formal arrangement to access acute beds in the Department of Psychiatry, Waterford Hospital if required. To date this plan had not been used.

2. The building must be maintained to an acceptable standard as part of a rolling programme.

Outcome: Minor funding had been provided to address problems as they arose on a piecemeal basis. With an old building this was an endless task. The benchmark for what was an acceptable standard was defined in many documents and human rights conventions as “akin to a homely environment”; this hospital was a long way from that. Nor was it appropriate that individuals receive care in an institutional setting when their needs clearly indicate that they would best be met in a community environment.

The yearly debate on the location of acute services to Wexford General Hospital continues without an outcome. The building was unable to provide accommodation that was acceptable for acute in-patient services.

3. As wards are closed and residents discharged, beds must be decommissioned and resources redirected to the provision of community-based care and treatment.

Outcome: The approved centre had achieved a significant reduction in the number of wards from eleven to seven and in the number of beds from 147 to 102 since last year’s inspection. St. Bridget's Ward had closed and the residents had moved to a new purpose built home nearby. Resources had been redirected to community services in the main. However, within the context of cost containment within the HSE, the transfer of 13 patients to nursing homes resulted in the suppression of a number of nursing posts which were therefore not available for redeployment. This had serious implications for the ability of the service to develop towards the model advanced in *A Vision for Change*. There were still 17 residents with an intellectual disability within the service and it was reported that in order to relocate these people to the community, additional capital; and revenue monies were required. There was no funding currently allocated.

4. Each resident must have an individual care plan as defined in the Regulations.

Outcome: Each resident whose clinical file was reviewed during the inspection had a multidisciplinary care plan that identified the team members who were involved in providing the care and treatment and that stated the identified needs of the residents clearly. The second page of the care plan was not being completed uniformly throughout the hospital in documenting goals for the residents or in linking these goals with therapeutic services and programmes.

5. Appropriate access to therapeutic service must be in place to meet the needs of all residents equally.

Outcome: Access to therapeutic services was restricted by the limited numbers of health and social care professionals within the service. However, efforts had been made to reorganise existing occupational therapy input to the wards and there were plans to streamline day services.

PART TWO: EVIDENCE OF COMPLIANCE WITH REGULATIONS, RULES AND CODES OF PRACTICE, AND SECTION 60, MHA 2001

2.2 EVIDENCE OF COMPLIANCE WITH REGULATIONS UNDER MENTAL HEALTH ACT 2001 SECTION 52 (d)

Article 4: Identification of Residents

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

Justification for this rating:

The approved centre had a policy on identification of residents. Wristbands were used, with the consent of the residents, as the main method of identification on the acute wards. On the other wards inspected, photographs were also attached to medication sheets. Where possible consistent staff were assigned to wards.

Article 5: Food and Nutrition

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

Justification for this rating:

There was a choice of main course for dinner and special diets or requests were catered for. Snacks were available on the ward. Water was available from a fountain on St. Claire's Ward. Water testing reports were available. Speech and language therapy assessments had been undertaken as required and diet plans made around recommendations. In the elderly care wards, special diets were accommodated.

Article 6 (1-2) Food Safety

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

Justification for this rating:

The Environmental Health Officer's report of October 2007 was given to the Inspectorate team. A number of the items listed required urgent attention. The service was asked to provide evidence of progress to date in relation to rectifying outstanding issues but failed to do so.

Breach: Article 6 (1)

Article 7: Clothing

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

Justification for this rating:

On St. Claire's Ward, emergency clothing was provided when necessary. One resident who had been admitted recently was being nursed in night clothes. Although this was documented in his care plan and was compliant with the Regulations, the purpose of using such an intervention was not clear as the ward was always locked.

All residents on the other wards inspected had individualised clothing. No resident was in night clothes.

Article 8: Residents' Personal Property and Possessions

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

Justification for this rating:

On St. Claire's Ward, there was a duplicate property book which was completed at admission. One copy was retained in the book and one copy was placed at the back of the resident's clinical file. A policy was implemented in March 2008 and was due for revision in 2010.

On St. Christopher's Ward, residents had little or no personal property. Clothing was labeled and stored.

Article 9: Recreational Activities

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

Justification for this rating:

On St. Claire's Ward, a range of recreational activities were made available to residents on and off the ward. In addition, all residents had access to an area known as "Recreational Therapy", which was located on the ground floor and offered a daily programme. The programme was facilitated by a nurse and there was sessional input from an art teacher. Residents attended from all areas of the hospital. On the day of inspection, the residents were preparing for an art exhibition in a local town in August.

On St. Aidan's Ward, there was a weekly music group, this was repeated on St. Christopher's Ward. This was a new service since the last inspection. Nursing staff reported that it was going well.

A number of wards had access to a minibus for outings. All wards had TV sets and music systems.

Article 10: Religion

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

Justification for this rating:

There was a policy on religion in the hospital. Residents were facilitated in the practice of their religion. There was a chapel on site and a weekly Roman Catholic mass. A Church of Ireland minister attended St. Aidan's Ward.

Article 11 (1-6): Visits

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

Justification for this rating:

On St. Claire's Ward, although no dedicated visiting areas were provided, the day areas were used and there was some provision for private visits, including visits of children. A number of the other wards had small visitor rooms.

Each ward had a health and safety statement that covered safety of residents, staff and visitors. Policies and procedures for visits were in place. Visiting times were displayed at the door.

Article 12 (1-4): Communication

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

Justification for this rating:

On St. Claire's Ward, a public telephone was provided. The hospital shop sold stamps and letters could be sent and received. There was no access to the internet or to email on the ward.

There was a communication policy in place.

Article 13: Searches

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

Justification for this rating:

Staff were aware of the procedure for searches. On St. Claire's Ward, there had been no recent searches. No searches were recorded on the other wards inspected.

A policy on searches had been implemented in December 2007 and was due to be reviewed in December 2008, but there was no evidence that it had been reviewed.

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

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

Justification for this rating:

A policy had been implemented in December 2007 and was due for revision in December 2008. There was no evidence that it had been reviewed.

On the elderly care wards, it was evident that staff upheld the policy and nursed the patients with dignity.

Article 15: Individual Care Plan

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

.Justification for this rating:

The approved centre had made significant progress on individual care plans since last year's inspection. On St. Claire's Ward, all of the clinical files reviewed contained multidisciplinary team care plans. These care plans clearly identified the resident's needs on the basis of a standardised assessment completed at the time of admission. There was a section in the care plan that could be completed and signed by the resident. The second page of the care plan, which outlined the goals and plan of intervention, had not been completed in all cases.

The definition of "individual care plan" states that it should document specific appropriate goals, identifying necessary resources and specifying the treatment and care required for each resident.

This system of care planning had been extended to all the wards since the last inspection. Each resident had a care plan. In some cases, work that had been undertaken was not documented in the goal sheet. Where residents had capacity they needed to receive a copy of the care plan and sign it.

Breach: Article 15 (3)

Article 16: Therapeutic Services and Programmes

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

Justification for this rating:

On the wards, the multidisciplinary care plans identified therapeutic needs which led to referrals to occupational therapy, recreational therapy or other therapeutic services. The second page of the individual care plans by and large did not document the goals that had been identified or the treatments provided, apart from general nursing and medical interventions. Therapeutic services and programmes needed to be linked to individual care plans. The limited numbers of health and social care professional restricted access to appropriate range of therapeutic services.

There was sessional input from a range of professionals including dental, chiropody and dietician as required and based on need.

Each resident needed to have access to an appropriate range of therapeutic services and programmes in accordance with their individual care plan.

Breach: Article 16 (1).

Article 17: Children's Education

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

Justification for this rating:

There was one child on St. Claire's Ward on the day of inspection. Arrangements had been put in place between the child's parents, school and the hospital for a teacher to attend four hours each day for individual tuition. This was documented as part of the child's care plan.

Article 18: Transfer of Residents

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

Justification for this rating:

The hospital had a policy in place related to transfer of residents implemented in December 2007 and due for review on 2008. There was no evidence that it had been reviewed.

When residents were transferred to another hospital a doctor's letter accompanied them. Staff reported that they had a good working relationship with the staff in Wexford General Hospital.

Article 19 (1-2): General Health

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

Justification for this rating:

On St. Claire's Ward, one resident had been admitted for more than six months and an assessment of that individual's general health had been completed.

All the residents on St. Aidan’s Ward and St. Christopher's Ward had had up-to-date physical examinations. There was a rota system in place to ensure compliance. Residents had access to a number of professionals for physical health needs.

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

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

Justification for this rating:

A booklet giving practical information about the hospital was available. The multidisciplinary team care plan indicated the team members and residents had access to this. Nursing and medical staff were available to discuss medication with residents. Written information on diagnosis was provided to residents under the care of the rehabilitation team, but not routinely by the general adult teams. Information on medication and side effects was provided by the rehabilitation team but was not routinely provided by general adult teams.

The policy on provision of information to residents was being updated and if implemented fully would address these breaches in compliance. The policy needed to indicate that in the event that information on diagnosis was not given because it might be prejudicial to the resident, that this would be recorded in the resident's clinical file.

A number of residents in the long-stay wards lacked capacity and this made the provision of information difficult. Where possible involved family members were informed.

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

Article 21: Privacy

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

Justification for this rating:

While significant improvements had been made over the years in relation to sleeping arrangements, accommodation was provided in dormitories in most wards, limiting privacy.

There was no single-bedroom provision on the acute wards. The acute wards had limited day areas, which consisted of one room on each ward that was used as a dining, sitting, visiting and recreational room. This meant that residents had nowhere they could go for peace and quiet or for personal space and privacy. The male acute ward accommodated 13 beds in one dormitory.

On St. Aidan's Ward, the 5-bed assessment dormitory area was cramped. Staff tried to ensure that there was flexibility in the organisation of residents whenever the ward was below bed capacity.

On St. Christopher's Ward, there was a plan to avail of three single rooms that had been vacated in a neighbouring ward. While this was welcomed the remaining residents continued to share bedroom space with no privacy.

Breach: Article 21

Article 22: Premises

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

Justification for this rating:

The hospital was originally a large Victorian asylum and the Wexford Mental Health Services were facing an insurmountable challenge in trying to provide modern day in-patient care and treatment from this building. The building was not designed for this and was not fit for purpose. As the hospital was in an old building the maintenance costs were considerable and were severely limited by finances, resulting in emergency maintenance being prioritised at the expense of planned routine maintenance. A programme of routine maintenance had been developed but was limited by finances. The condition of the physical structure and the overall approved centre environment was not developed with due regard to the specific needs of the residents or the well-being of visitors and staff. The wards inspected were clean.The acute admission wards had limited day areas for residents with one large dining/sitting/visiting room. The toilet and shower area on the female acute ward was in particularly bad condition and the toilets were and had been fixed with odd assortments of seats, cylinders and bowls. Paint was peeling off the walls in the shower rooms and the tiles and grouting in the showers were in need of refurbishment. Both areas required redecoration. Access to the enclosed garden was restricted from the male acute unit because it was not secure.

On St. Aidan's Ward, the furniture was unsuitable for the residents. Orders for suitable chairs had been submitted. No dates or funding were available for the their provision. The layout and design of the ward was unsuitable for the mix of residents. St. Christopher's Ward, was unsuitable for the assessed needs of the residents. It was in a poor state of repair and offered little in the way of privacy.

St. Edna's Ward was providing housing for a number of residents who had been assessed as needing accommodation in a supported environment in the community.

Breach: Article 22 (1)(a), Article 22 (1)(c), and Article 22 (3).

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

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

Justification for this rating:

A policy was in place. There was a system for ordering, storing and administration of medication. The new card index system introduced last year was working well.

Article 24 (1-2): Health and Safety

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

Justification for this rating:

The hospital had a health and safety policy and a general hospital health and safety statement which was enhanced by specific health and safety statements on each ward.

On St. Claire's Ward, there was an individual ward risk assessment. A number of issues identified in a recent health and safety inspection had been progressed by the management team. Health and safety training for managers had taken place within the service.

Article 25: Use of Closed Circuit Television (CCTV)

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

Justification for this rating:

This Article was not applicable as there was no CCTV in use in the hospital. There was a policy affirming that.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
St. Claire's Ward	Nurse Household	4 1	2
St. Anne's Ward	Nurse Household	4 1	2
St. Aidan's Ward	Nurse Health care assistant Household	3 2 1	1 Access to 1 for the hospital
St. Edna's Ward	Nurse Household	2 1	1
St. Christopher's Ward	Nurse Household	3 1	2
All wards	Medical Health and social care Professionals Recreational	As required As required As required As required	

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

Justification for this rating:

The staff skill mix available to residents in the approved centre was restricted by the limited numbers of health and social care professionals in the service. The peer advocate stated that some residents complained of a lack of access to a social worker during leave periods. The post was not replaced as part of the HSE cost containment policy.

The residents with an intellectual disability had no access to a dedicated team of experts in this field. This had been highlighted over a number of years. No progress has been reported.

Breach: Article 26 (2)

Article 27: Maintenance of Records

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

Justification for this rating:

All files were well maintained and easy to follow. There was a provision to lock files away.

There was recent health and safety inspection report, Environmental Health Officer's report (2007) and a log of fire drills.

The service failed to submit when requested an update on the last environmental health officer's report or a copy of the fire assessment that had been requested by the Health and Safety Authority report of November 2008.

Breach: Article 27.(1) and Article 27.(3).

Article 28: Register of Residents

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

Justification for this rating:

There was an electronic register with a hard copy in place.

Article 29: Operating Policies and Procedures

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

Justification for this rating:

All policies needed to be reviewed at least every three years, except for the policies relating to seclusion, mechanical restraint and physical restraint, which needed to be reviewed annually.

On St. Claire's Ward, the policy on consent and the missing person search policy were dated 2005. A number of the policies implemented in 2007 had a revision date of 2008 and there was no evidence that revisions had been undertaken. It was not clear whether the revision date referred to when a revision was due or when a revision had been completed, but as some of them were dated 2010 it was likely these dates refered to planned revisions. The system for review and revision needed to be made clearer.

The service was asked to submit all revised policies and reports requested in the body of this report but failed to do so.

Breach: Article 29

Article 30: Mental Health Tribunals

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

Justification for this rating:

A room for tribunals was provided. Patients were assisted to attend if they wished to.

Article 31: Complaint Procedures

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

Justification for this rating:

Suggestion and complaints boxes were provided. The hospital had a complaints policy. Notices advising how to make a complaint were displayed. A record of complaints was maintained and there had been no complaints about the approved centre in the first quarter of the year.

Article 32: Risk Management Procedures

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

Justification for this rating:

A multidisciplinary risk governance meeting was due to have its inaugural meeting on the day of inspection and part of its brief was to review incidents.

There was a draft management of risk policy that was not yet implemented.

Breach: Article 32 (1)

Article 33: Insurance

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

Justification for this rating:

Up-to-date information on insurance was made available to the Inspectorate.

Article 34: Certificate of Registration

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

Justification for this rating:

The certificate of registration was displayed in the hospital reception area.

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

SECLUSION

Use: St. Claire's Ward and St. Anne's Ward had seclusion rooms. The seclusion rates on St. Anne's were very low to date in 2009. The seclusion rooms had poor ventilation and were bleak, dark and dreary. No children had been secluded. There was a seclusion room on St. Christopher's Ward. It was primarily used for one individual, however staff worked very hard to keep the use to a minimum.

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

Justification for this rating:

On St. Claire's Ward and St Anne's Ward, the seclusion register was completed appropriately. Three clinical files were reviewed on St. Claire's and all the documentation was in order pertaining to the orders for seclusion. The hospital had a checklist for use on the wards in the event of an episode of seclusion. There was provision for informing a child's parents in the event of a child being secluded and child protection policies were in place.

On St. Christopher's Ward, the files were in order. There was no team available to the residents and as a result the episodes were reviewed by the medical and nursing team members. There was no documentation in the clinical file to provided evidence that the patient had been afforded an opportunity to discuss the episode with his/her multidisciplinary team [Section 6.3] .

Toilet and washing facilities were not accessible near the seclusion room on St. Claire's Ward [Section 7.1].

The seclusion policy had not been reviewed annually [Section 9.1 (d)]. There was no documentation in the clinical file that episode of seclusion had been reviewed by the patient's multidisciplinary team [Section 9.2].

Breach: Section 6.3, Section 7.1, Section 9.1 (d), and Section 9.2.

ECT (DETAINED PATIENTS)

Use: No ECT had been used in 2009 to date. No files were reviewed but the suite was inspected. A booklet had been developed including consent forms and information.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
2	Consent	X			
3	Information	X			
4	Absence of consent	NOT APPLICABLE			
5	Prescription of ECT	NOT APPLICABLE			
6	Patient assessment	NOT APPLICABLE			
7	Anaesthesia	NOT APPLICABLE			
8	Administration of ECT	NOT APPLICABLE			
9	ECT Suite	X			
10	Materials and equipment	X			
11	Staffing	X			
12	Documentation	X			
13	ECT during pregnancy	NOT APPLICABLE			

Justification for this rating:

Two nursing staff had recently completed an eight-week ECT course together with colleagues from other centres in the area. A named consultant had responsibility for ECT. Quarterly meetings were facilitated between all these staff. Anaesthesia cover was provided by consultants at Wexford General Hospital. There was evidence of systems in place to monitor drugs and equipment on a regular basis.

MECHANICAL RESTRAINT

Use: Part 5 was in use on St. Aidan's Ward for six residents. Three files were reviewed.

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

Justification for this rating:

The service had a prescription sheet that was placed on the front of the chart. This prescription was based on a falls assessment. There were regular reviews. Restraints used on the ward were cots sides at night and Posey belts.

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

PHYSICAL RESTRAINT

Use: Physical restraint was reviewed on St. Claire's Ward and St. Christopher's Ward. The restraint register and a number of clinical files were examined. No children had been restrained.

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

Justification for this rating:

On St. Claire's Ward, three clinical files along with the register containing clinical practice forms were reviewed in relation to physical restraint. The orders for physical restraint were recorded in full in the clinical charts and the register. There was provision for informing a child's parents in the event of a child being restrained and child protection policies were in place.

The register was in order on St. Christopher's Ward. The use of restraint was kept to a minimal. Family were informed in line with the Code of Practice. The residents lacked capacity and were unable to have a review of incidents were they were involved. The medical and nursing staff had clearly worked very hard at reviewing the use of restraint on the ward.

The clinical files did not document whether the residents had been afforded the opportunity to discuss the episode of physical restraint with their multidisciplinary team. However there was evidence in the files that episodes were discussed at the consultant ward rounds and the service informed the Inspectorate that these were multidisciplinary meetings.

The policy had not been reviewed annually.

There was no documentation in the clinical files to provide evidence that episodes of seclusion had been reviewed by the multidisciplinary team.

Records of staff training indicated that some staff had not received training since 2004 or 2005. A recent health and safety report highlighted that the compliance with the provision of violence and aggression training was unclear. The service was asked to submit an update of progress in relation to this issue but failed to do so.

Breach: Section 4.2., Section 6.1 (d), Section 6.2, Section 7.1 (c), and Section 7.2.

ADMISSION OF CHILDREN

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
2	**Admission**				X
3	**Treatment**	X			
4	**Leave provisions**	X			

Justification for this rating:

Only dormitory accommodation was available on the acute wards. The approved centre policy was that children under 17 years of age were provided with one-to-one nursing. There was one child on the male acute unit at the time of inspection. Written consent for admission and treatment was clearly documented in the clinical file, as were leave arrangements. Continuation of the child's education had been arranged in liaison with the school.

An adult in-patient unit was unsuitable environment for the care and treatment of children. The hospital was unable to provide age-appropriate facilities or a programme of age-appropriate activities. Segregated sleeping and bathroom accommodation based on age was not available. Staff had not received training in the care of children. There were no policies relating to family liaison or confidentiality related to child admissions.

Breach: Section 2.5 (b), Section 2.5 (d)(iii)., Section 2.5 (e), and Section 2.5 (l).

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: A multidisciplinary governance meeting was to be set up and part of its remit would be to review incidents. In-patient suicides were reviewed by an external appointed person.

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:

All deaths were reported to the Mental Health Commission as required under the Code of Practice. The risk management policy was in draft form.

Breach: Section 3.1 (1), Section 3.2, Section 4.1, Section 4.2, and Section 4.3.

ECT FOR VOLUNTARY PATIENTS

Use: ECT had not been used since December 2008. No files were reviewed. The suite was inspected.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
2	Consent	X			
3	Information	X			
4	Prescription of ECT	NOT APPLICABLE			
5	Assessment of voluntary patient	NOT APPLICABLE			
6	Anaesthesia	NOT APPLICABLE			
7	Administration of ECT	NOT APPLICABLE			
8	ECT Suite	X			
9	Materials and equipment	X			
10	Staffing	X			
11	Documentation	X			
12	ECT during pregnancy	NOT APPLICABLE			

Justification for this rating:

Two nursing staff had recently completed an eight-week ECT course together with colleagues from other centres in the area. A named consultant had responsibility for ECT. Quarterly meetings were facilitated between all these staff. Anaesthesia cover was provided by consultants at Wexford General Hospital. There was evidence of systems in place to monitor drugs and equipment on a regular basis.

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

SECTION 60 – ADMINISTRATION OF MEDICINE

As there were no patients receiving medication who had been detained for longer than three months in the approved centre on the day of inspection, Section 60 did not apply.

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

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

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

A number of service users were spoken to during the two-day visit. All spoke highly of the staff and were generally satisfied with the care and treatment they were receiving.

OVERALL CONCLUSIONS

The staff had demonstrated their belief in the provision of high quality interventions. Since the last inspection there was evidence of progress in relation to multidisciplinary team care planning, access to therapeutic programmes and the development of systems to ensure service users' rights under the Rules and Codes of Practice were enhanced. While full compliance was not achieved on this inspection, there was evidence that the staff were striving to achieve this. Considerable work had been completed to close wards and provide appropriate accommodation for people in the community. Where possible staff were redeployed to the community teams. All of this had been achieved within current budgets. The Inspectorate noted the positive developments and plans with regard to enhancing service user involvement in various aspects of service management, development and planning.

The remaining barriers to the closure of the hospital and the model of providing care in an institutional setting must be addressed by the HSE. This will require additional revenues.

RECOMMENDATIONS 2009

1. The hospital building was inappropriate and unsuitable for the provision of care and treatment. The HSE must provide the additional financial and human resources necessary to close the institution and provide appropriate facilities in the community for the remaining residents.

2. The practice of sleeping out residents to long-stay wards for the purpose of alleviating bed shortages must cease. These occurrences should be recorded as incidents and be subject to the risk management procedures in the service.

3. Residents must be provided with verbal and written information about their diagnosis and they must receive information about medication, including any side effects. Failure to provide this information compromises a resident's ability to make informed decisions about their health care and compromises informed consent.

4. The individual care plans must be developed further to include all multidisciplinary goals and treatments. Although there was evidence that the service was providing multidisciplinary input to residents to the best of its ability within resourcing limitations, this was not documented in the individual care plans.

5. The system for setting review or revision dates for policies and then recording the outcomes of reviews should be made clearer. A system for flagging when policies require statutory review should be implemented in line with Article 29 and the relevant Rules and Codes of Practices. All policies must be reviewed in accordance with their review dates.