

Report of the Inspector of Mental Health Services 2010

EXECUTIVE CATCHMENT AREA	Waterford / Wexford
HSE AREA	South
CATCHMENT AREA	Wexford
MENTAL HEALTH SERVICE	Wexford
APPROVED CENTRE	St. Senan's Hospital
NUMBER OF WARDS	6
NAMES OF UNITS OR WARDS INSPECTED	St. Anne's Ward St. Claire's Ward St. Christopher's Ward St. Brigid's Ward St. Enda's Ward
TOTAL NUMBER OF BEDS	85 beds
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Announced
DATE OF INSPECTION	21 April 2010

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

INTRODUCTION

In 2010, the Inspectorate paid particular attention to Articles 15 to 22 and 26 of the Mental Health Act 2001 (Approved Centres) Regulations 2006 and all areas of non-compliance with the Regulations in 2009 and any other Article where applicable. The Inspectorate was keen to highlight improvements and initiatives carried out in the past year and track progress on the implementation of recommendations made in 2009. Information was gathered from self-assessments, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

St. Senan’s Hospital was located on the outskirts of Enniscorthy and provided in-patient care for the Wexford catchment, which had a population exceeding 131,000. In-patient care was divided into acute care, rehabilitation, intellectual disabilities and psychiatry of old age. The hospital had been actively and successfully working towards closing wards and taking down beds. In 2009 there were 102 beds and in 2010 there were now 85 beds. In-patient care continued to be provided in an old Victorian building that was not fit for purpose. Privacy was limited by the use of dormitory-style bedrooms. The cost of ongoing maintenance for this old building was significant and although the wards were kept clean they were in need of refurbishment. The continued use of institutional care setting for people with an intellectual disability and those with enduring illnesses continues to be a concern to the Inspectorate. There were 11 residents with an intellectual disability 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. Despite the current cost containment context within the health services in general, the enthusiasm of staff to bring about progress in the service was evident during the inspection.

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
St. Anne’s Ward	13	11	General Adult
St. Claire’s Ward	13	11	General Adult
St. Elizabeth’s Ward	20	19	General Adult Psychiatry of Old Age
St. Christopher’s Ward	13	11	Rehabilitation Intellectual Disability
St. Bridget’s Ward	13	8	General Adult Rehabilitation

St. Enda's Ward	13	11	Rehabilitation
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QUALITY INITIATIVES

- A pilot scheme entitled SCAN (Suicide Crisis Assessment Nurse) had been introduced whereby general practitioner's could access clinical nurse specialists who attended the general practitioner's clinic in cases where urgent mental health assessments were required.
- St. Senan's Hospital had become engaged in the Mental Health Commission collaborative on individual care plans.
- Staff training had begun to assist in the management of service users in the community in preparation for the closure of acute admissions to the hospital.
- A joint Waterford/ Wexford clinical governance group had been established.

PROGRESS ON RECOMMENDATIONS IN THE 2009 APPROVED CENTRE REPORT

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

Outcome: The service was working to reduce the number of beds and had reduced them to 85 from 102 the previous year.

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.

Outcome: This had been achieved.

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.

Outcome: This had been achieved.

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.

Outcome: Some progress had been made with this recommendation but further work was still required by the approved centre.

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.

Outcome: Work had progressed on this recommendation but further work was still outstanding.

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

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

Article 4: Identification of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 5: Food and Nutrition

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 6 (1-2) Food Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	X	

Justification for this rating:

The Inspectorate was given an up-to-date Food Safety report for 2010.

Article 7: Clothing

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 8: Residents' Personal Property and Possessions

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 9: Recreational Activities

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 10: Religion

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 11 (1-6): Visits

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 12 (1-4): Communication

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 13: Searches

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 15: Individual Care Plan

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>	X	X
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

The approved centre had made significant progress on individual care plans and all clinical files reviewed had an individual care plan though several individual care plans examined by the Inspectorate on the day of inspection were incomplete. Where residents had capacity they should receive a copy of their individual care plan and sign it.

Breach: 15

Article 16: Therapeutic Services and Programmes

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>	X	X
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

In the clinical files reviewed by the Inspectorate only a small proportion of the individual care plans identified therapeutic services and programmes which led to referrals to occupational therapy, recreational therapy or other therapeutic services.

Breach: 16 (1)

Article 17: Children's Education

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

At the time of inspection, no child had been admitted to the approved centre in 2010.

Article 18: Transfer of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

The approved centre had an up-to-date policy related to the transfer of residents. When residents were transferred to another facility, a nurse accompanied them with a medical report.

Article 19 (1-2): General Health

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		X
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

On St. Christopher's ward, two residents admitted for more than six months did not have a general health assessment completed.

In St. Enda's ward, four of the five files examined indicated that physical health reviews had not been carried out within the previous 16 months.

In St. Brigid's ward, there was no record of a physical health examination having been carried out on a resident who had been there for longer than six months.

Breach: 19 (1) (b)

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>	X	
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

The approved centre had access to both written and verbal information on diagnosis, medication and details of the resident's multidisciplinary team. A number of residents in the long-stay wards lacked the capacity and this made the provision of information difficult. Where possible, involved family members were informed.

Article 21: Privacy

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		X
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	X	

Justification for this rating:

The approved centre had made some improvements in relation to resident's privacy but as accommodation was provided in dormitories in an old building, full compliance with this article could not be obtained. There were no single-bedroom provisions on the acute wards, day areas and visitor's rooms were limited. On St. Christopher's ward some residents did not have any curtains between their beds.

Breach: 21

Article 22: Premises

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	X	X

Justification for this rating:

The building of St. Senan's Hospital was impressive from the outside but inside was dilapidated, depressing and not fit for human habitation. Residents were cared for in wards that were cramped, run down and afford no privacy. Paint was peeling from most walls on the wards visited and some bathrooms were in need of refurbishment. St. Christopher's ward was unsuitable for the assessed needs of the residents. The approved centre continued to face an insurmountable challenge in trying to provide modern day in-patient care and treatment from this building. Efforts had been made since the last inspection to paint some walls and these areas were bright and clean.

Breach: 22 (1) (a), 22 (1) (c), 22 (2), 22(3),

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 24 (1-2): Health and Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 25: Use of Closed Circuit Television (CCTV)

The approved centre did not have any CCTV in use in the hospital.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
St. Claire's Ward	CNM2	1	0
	Nurse	3	2
	Household	1	0
St. Anne's Ward	CNM2	1	0
	Nurse	3	2
	Household	1	0
St. Elizabeth's Ward	CNM2	1	0
	Nurse	3	2
	Household	2	2
	Healthcare Assistant	1	0
St. Christopher's Ward	CNM2	1	0
	Nurse	2	2
	Household	1	0
St. Bridgette's Ward	CNM2	1	0
	Nurse	1	2
	Household	1	0
St. Edna's Ward	Nurse	2	1
	Household	1	0

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>	X	X
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

The 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 residents with an intellectual disability had no access to appropriately trained staff in this field. This had been highlighted over a number of years. No progress had been reported.

Breach: 26 (2)

Article 27: Maintenance of Records

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>	X	
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

All clinical files were well maintained and information was easily retrievable.

Article 28: Register of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 29: Operating policies and procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>	X	
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

The approved centre had made significant progress since the last inspection in updating all policies and procedures.

Article 30: Mental Health Tribunals

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 31: Complaint Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 32: Risk Management Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>	X	
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

The risk management policy had been updated since the last inspection.

Article 33: Insurance

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 34: Certificate of Registration

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

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

SECLUSION

Use: St. Claire's, St. Anne's and St. Christopher's wards all had seclusion rooms. The seclusion rooms were grim and dark with an offensive odour in St. Claire's seclusion room. CCTV monitoring was not used in the seclusion rooms. At the time of inspection, St. Christopher's ward had eight episodes of seclusion primarily used for one resident. Staff informed the Inspectorate that they worked very hard to keep the use of seclusion to a minimum. In St. Claire's ward, two residents had been secluded since January 2010. The service had an up-to-date policy on seclusion.

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

Justification for this rating:

Not all orders were completed fully and in at least two cases, it was unclear whether seclusion had been ended or extended. The seclusion room in St. Claire's ward was unfit for use.

In one case, all the relevant orders had been fully completed and the resident had been reviewed by the consultant the next day. In the case of the second resident, one order was not dated, the time had not been entered and the next-of-kin had not been informed. In this case and a subsequent order, it was not clear from the register whether seclusion had been ended or extended.

Breach: 3.7, 7, 8, 9.2

ECT (DETAILED PATIENTS)

Use: At the time of inspection, no ECT had been used in the approved centre and no patients were receiving ECT in an external hospital. The approved centre had an ECT suite that was last used in February 2010. The suite and the ECT register were inspected.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
2	Consent	NOT APPLICABLE			
3	Information	NOT APPLICABLE			
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:

There was a designated consultant psychiatrist and two trained ECT nurses. The suite had a waiting area, a treatment room and recovery room.

MECHANICAL RESTRAINT

Use: Mechanical restraint was not used in the approved centre. The use of mechanical means of bodily restraint for enduring self-harming behaviour under Part 5 was used when clinically indicated. The clinical files of residents who were restrained in this way were examined. There was a prescription and practice sheet where regular review dates were also documented.

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

Justification for this rating:

All clinical files examined contained a prescription and practice sheet where the reason for Part 5 of restraint, the duration of restraint and a review date were clearly documented. The service had an up-to-date policy on mechanical restraint.

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

PHYSICAL RESTRAINT

Use: At the time of inspection, St. Christopher's ward had five episodes of physical restraint on one resident. Staff informed the Inspectorate that they worked very hard to keep the use of physical restraint to a minimum. There had been six episodes of physical restraint in St. Claire's ward in 2010, and two episodes in St. Anne's ward.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
5	Orders		X		
6	Resident dignity and safety	X			
7	Ending physical restraint	X			
8	Recording use of physical restraint		X		
9	Clinical governance	X			
10	Staff training	X			
11	Child residents	X			

Justification for this rating:

The consultant psychiatrist had signed the order form in one instance in St. Anne's ward. The section indicating ending or extension of the order was not completed in two cases.

The service had an up-to-date policy on the use of physical restraint.

Breach: 5.7(c), 8.2

ADMISSION OF CHILDREN

Description: At the time of Inspection, no children had been admitted to the approved centre in 2010.

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

Justification for this rating:

The approved centre was unsuitable for the care and treatment of children.

Breach: 2.5

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: All deaths were reported to the Mental Health Commission as required under the Code of Practice. The risk management policy was up-to-date.

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 in the approved centre were reported appropriately to the Mental Health Commission. The risk management policy was up-to-date.

ECT FOR VOLUNTARY PATIENTS

Use: At the time of inspection, no ECT was in use in the approved centre and no residents were receiving ECT in an external hospital.

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

Justification for this rating:

No resident was receiving ECT at the time of inspection. There was a designated consultant psychiatrist and two nurses trained in ECT in the approved centre.

ADMISSION, TRANSFER AND DISCHARGE

Part 2 Enabling Good Practice through Effective Governance

The following aspects were considered: 4. policies and protocols, 5. privacy confidentiality and consent, 6. staff roles and responsibility, 7. risk management, 8. information transfer, 9. staff information and training.

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
X			

Justification for this rating:

There was a policy on admissions. Information was transferred with the resident. A risk assessment was carried out as part of the initial assessment.

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
X			

Justification for this rating:

There was clear documentation of psychiatric, physical and risk assessments at admission.

Part 4 Transfer Process

The following aspects were considered: 25. Transfer criteria, 26. decision to transfer, 27. assessment before transfer, 28. resident involvement, 29. multi-disciplinary team involvement, 30. communication between Approved Centre and receiving facility and information transfer, 31. record-keeping and documentation, 32. day of transfer.

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
X			

Justification for this rating:

There was a transfer policy. All transfers were accompanied by relevant information and a staff member accompanied the resident to their destination.

Part 5 Discharge Process

The following aspects were considered: 33. Decision to discharge, 34. discharge planning, 35. pre-discharge assessment, 36. multi-disciplinary team involvement, 37. key-worker, 38. collaboration with primary health care, community mental health services, relevant outside agencies and information transfer, 39. resident and family/carer/advocate involvement and information provision, 40. notice of discharge, 41. follow-up and aftercare, 42. record-keeping and documentation, 43. day of discharge, 44. specific groups.

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
X			

Justification for this rating:

The discharge plan was part of the individual care plan. All decisions to discharge were made through the multidisciplinary team meetings. The resident's general practitioner was informed as was the community mental health nurse.

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

The following aspects were considered: policies, education and training, inter-agency collaboration, individual care and treatment plan, communication issues, environmental considerations, considering the use of restrictive practices, main recommendations, assessing capacity

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
			X

Justification for this rating:

There were a number of residents with intellectual disability and mental illness in the approved centre. There was no evidence that staff had received specific training in the management of a resident with an intellectual disability and mental illness.

Breach: 5 and 6

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: On the day of inspection one resident met the criteria for Section 60.

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

Justification for this rating:

The clinical file was reviewed and was found to be compliant.

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

Description: At the time of inspection, Section 61 did not apply as the approved centre had not admitted any child in 2010.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

All residents were greeted by the Inspectorate. Two residents spoke formally with the Inspectorate and expressed their satisfaction with their care and treatment. They expressed their concern regarding the future closure of the acute units in the approved centre and the possible impact on acute admissions within the county.

MEDICATION

The prescription sheets were clear and easy to follow. The majority of the prescriptions and signatures were legible. As required (PRN) medication was separate from regular medication. No indication for use of PRN medication was recorded.

MEDICATION ACUTE

NUMBER OF PRESCRIPTIONS:	25
Number on benzodiazepines	13 (52%)
Number on more than one benzodiazepine	4 (16%)
Number on regular benzodiazepines	8 (32%)
Number on PRN benzodiazepines	7 (28%)
Number on hypnotics	13 (52%)
Number on Non benzodiazepine hypnotics	9 (36%)
Number on antipsychotic medication	20 (80%)
Number on high dose antipsychotic medication	2 (8%)
Number on more than one antipsychotic medication	5 (20%)
Number on PRN antipsychotic medication	9 (36%)
Number on antidepressant medication	15 (60%)
Number on more than one antidepressant	4 (16%)
Number on antiepileptic medication	4 (16%)
Number on Lithium	2 (8%)

MEDICATION LONG STAY

NUMBER OF PRESCRIPTIONS:	54
Number on benzodiazepines	23 (43%)
Number on more than one benzodiazepine	5 (9%)
Number on regular benzodiazepines	15 (27%)
Number on PRN benzodiazepines	13 (24%)
Number on hypnotics	16 (30%)
Number on Non benzodiazepine hypnotics	10 (19%)
Number on antipsychotic medication	41 (76%)
Number on high dose antipsychotic medication	1 (2%)
Number on more than one antipsychotic medication	11 (20%)
Number on PRN antipsychotic medication	4 (7%)
Number on antidepressant medication	28 (52%)
Number on more than one antidepressant	3 (6%)
Number on antiepileptic medication	18 (33%)
Number on Lithium	2 (4%)

OVERALL CONCLUSIONS

Despite the poor quality physical environment for residents, staff and visitors, the Inspectorate wish to point out that there was evidence throughout the approved centre that clinical staff maintained a high level of clinical care and treatment of residents. It continued to be of concern to the Inspectorate that residents remained accommodated, cared for and treated in an old Victorian building which was dilapidated, depressing and unfit for human habitation. There should be provision made for the delivery of a modern mental health service for the residents of Wexford County.

Staff in the approved centre had continued implementing individual care plans for all residents and it was evident throughout the inspection that there were positive working relationships between the multidisciplinary staff and the residents of this service.

The approved centre was unsuitable for the care and treatment of children.

RECOMMENDATIONS 2010

1. The closure plans for the approved centre should be advanced.
2. The service should develop and implement policies and training for staff regarding how to work with people with mental illness and an intellectual disability.
3. The individual care plan should be finalised and each resident should have access to their fully completed individual care plan.
4. The approved centre must ensure privacy in the bedrooms and bathrooms of all residents.