

Report of the Inspector of Mental Health Services 2012

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Waterford/Wexford
HSE AREA	South
MENTAL HEALTH SERVICE	Waterford/Wexford Mental Health Services
APPROVED CENTRE	St. Senan's Hospital
NUMBER OF WARDS	3
NAMES OF UNITS OR WARDS INSPECTED	St. Christopher's Ward St. Enda's Ward St. Elizabeth's Ward
TOTAL NUMBER OF BEDS	46
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	24 July 2012

Summary

- The expected closure of St. Senan's Hospital in March 2013 and the move of residents to purpose built appropriate accommodation is most welcome.
- The inspectors were extremely concerned about the lack of provision by the service of essential therapies for residents with intellectual disability in St. Christopher's Ward. Apart from one session a week from the recreational therapist there was no other therapeutic input. There was no social work, psychology or occupational therapy input. No sensory equipment was evident in the ward. There was no input from a specialist intellectual disability service. Nursing staff were not trained in intellectual disability and mental illness; only one nurse had started this training. Residents were noted to be engaging in severe institutionalised and maladaptive behaviour that was more than likely contributed to by lack of stimulation and needs based therapies. Medical care was good in St. Christopher's Ward with evidence of regular review and care planning.
- There was an absence of individual care plans in St. Elizabeth's Ward. All other residents had excellent individual care plans clearly incorporating the resident's perspective and a community focus.
- There was an impressive community mental health service in the South Wexford sector.

OVERVIEW

In 2012, the Inspectorate inspected this Approved Centre against all of the Mental Health Act 2001 (Approved Centres) Regulations 2006.

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 2011. In addition to the core inspection process information was also 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. It was opened in 1870 and was now at an advanced stage of the process of complete closure, due in March 2013. Acute admission services were located in Newcastle (North Wexford) and in Waterford (South Wexford). Three wards currently remained in St. Senan's Hospital: St Enda's Ward, a rehabilitation ward; St. Elizabeth's Ward, a ward for psychiatry of old age and St. Christopher's Ward for people with intellectual disability.

The condition of the building remained poor but due to the imminent closure there were no plans to renovate the building.

Tuas Nua, a previous ward in the hospital, had closed and had been relocated to a state of the art newly constructed unit in the grounds of the nearby St. John's Community Hospital. It provided a high standard of accommodation and functioned as a rehabilitation unit. The buildings that would replace the remaining wards in St Senan's Hospital were at an advanced state of construction.

A six-bed respite unit, which was not part of the approved centre, would remain in St. Senan's Hospital until 2014 when it would also move to a new building. The respite unit provided a vital step in the care pathway of service users where the aim was to avoid hospital admission.

During the inspection, the inspectors also looked at the South Wexford community services. The community service offered to service users was excellent. This is reported elsewhere in the annual inspection reports.

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	24	18	21
Substantial Compliance	3	3	3
Minimal Compliance	2	4	2
Not Compliant	1	4	3
Not Applicable	1	2	2

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

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
St. Christopher's Ward	14	13	Rehabilitation
St. Elizabeth's Ward	20	18	General Adult
St. Edna's Ward	12	12	General Adult

QUALITY INITIATIVES 2011/2012

- The service was far advanced in providing new purpose built accommodation for all residents in St. Senan's Hospital.
- Tuas Nua ward had moved to a state-of-the-art building in St. John's Community Hospital in Enniscorthy.
- A number of good practices had been rolled out in the community services including a common assessment tool and care plan and provision of a sports group. These are discussed under the relevant community inspection report.
- There was a consumer panel in operation.
- An arts exhibition of service users' art was exhibited in a mainstream art gallery in Dublin.

PROGRESS ON RECOMMENDATIONS IN THE 2011 APPROVED CENTRE REPORT

1. Part 5 of the Rules Governing the Use of Mechanical Means of Bodily Restraint must be complied with.

Outcome: This had been achieved. An excellent prescription sheet for Part 5 of Mechanical Restraint was used.

2. The residents with an intellectual disability and mental illness in St. Christopher's Ward must have access to needs based therapies.

Outcome: This had not been achieved. The inspectors remain concerned about the lack of therapeutic activities, services and programmes for the residents in St. Christopher's Ward.

3. All residents must have individual care plans as described in the Regulations.

Outcome: This had not been achieved. Most of the residents in St. Elizabeth's Ward had no individual care plans. Residents in the other two wards had excellent care plans.

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

Outcome: As the residents in St. Elizabeth's Ward had no individual care plans this recommendation was not achieved. Residents in St. Christopher's Ward had no therapeutic services or programmes apart from art sessions once a week.

5. Better access to recreational activities must be provided to residents.

Outcome: Some recreational activities were available but again, there was little activity in St. Christopher's Ward.

6. Each resident's individual general health needs must be assessed at least every six months.

Outcome: This had been achieved.

7. Written information on residents' diagnoses and information on medication and its side-effects must be provided to all residents.

Outcome: The information booklet for residents was out of date. However, new information booklets were planned to be produced following the move to new residences. Information was available on medication. More information was required on diagnosis.

8. Each resident's privacy must be respected at all times.

Outcome: This was not achieved in St. Christopher's Ward. There were no curtains around the beds and no locks on toilet doors.

9. Full clinical notes relating to the transfer of a resident should be kept and a copy of the referral letter relating to the transfer retained in the clinical file.

Outcome: This had been achieved.

10. The bed in the sitting room of Tuas Nua should be removed immediately.

Outcome: Tuas Nua had been closed and a new unit opened.

11. The Risk Management Policy should identify the risk manager.

Outcome: This had been achieved.

12. A policy in relation to the Code of Practice for Guidance for Persons Working in Mental Health Services with People with Intellectual Disabilities must be formulated.

Outcome: This was not available at the time of inspection but was subsequently forwarded to the inspectors. However the lack of activation programmes for people with intellectual disability was in contravention of the service's stated policy. No staff had signed that they had read the policy on the sheet provided.

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	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Two nurses administered medication. It was planned to have photographs of residents in the clinical files and medication sheets for the purpose of identification.

Article 5: Food and Nutrition

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was an adequate choice of food and special diets were catered for. Drinking water was provided.

Article 6 (1-2): Food Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The Environmental Health Officer's report was available to the inspectors.

Article 7: Clothing

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

No resident was in their night clothes. An emergency supply of clothing was kept on each ward. All residents had individual clothing.

Article 8: Residents' Personal Property and Possessions

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

As far as possible residents kept their own possessions. Valuables were locked in a ward safe where necessary. There was a policy on personal property and possessions.

Article 9: Recreational Activities

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X		
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>		X	X
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Recreational activities were at a minimum in St. Christopher's Ward and consisted of outings when staff were available and one session per week with the recreational therapist. No appropriate recreational equipment was available on the ward and no residents were occupied in any activity during the inspection. In the absence of any activity the residents were observed by the inspectors to be engaged in rocking, self stimulating behaviour, sleeping or just sitting. This was entirely unacceptable.

There was a television in each ward. St. Enda's Ward had a recreational room with a pool table, table hockey, table football and an exercise bicycle.

There was a recreational therapist available once a week to the wards.

The daily newspaper and weekly local newspaper had stopped being delivered to each ward and nursing staff were buying papers for residents themselves in order to have newspaper reading groups and do the crossword with the residents. This was unsatisfactory.

Breach: 9

Article 10: Religion

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

A Roman Catholic chaplain was available. Residents of other faiths were facilitated in the practice of their religion. There was a church within the hospital.

Article 11 (1-6): Visits

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Visiting times were flexible and encouraged. In the three wards there was a designated visitor's space. There was a policy in relation to visiting.

Article 12 (1-4): Communication

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Post was sent and received unopened. Mobile phones could be used by residents. Phone calls were facilitated through the nurses' office. The approved centre had written operational policies and procedures on communication.

Article 13: Searches

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was a policy on searching with and without consent. There was also a policy on the finding of illicit substances. No resident had been searched in the approved centre up to the time of inspection.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was a policy on care of residents who are dying. Single rooms were available for residents who are dying.

Article 15: Individual Care Plan

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>			
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X		
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>		X	X

Justification for this rating:

The individual care plans in St. Enda's Ward and St. Christopher's Ward were very good and met the requirements of the Regulations. All residents in these wards had individual care plans.

In St. Elizabeth's Ward there was only one resident who had an individual care plan, as defined by this Article, in the clinical files inspected.

Breach: 15

Article 16: Therapeutic Services and Programmes

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>			
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X		
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>		X	X

Justification for this rating:

Not all residents had an individual care plan and therefore therapeutic services and programmes were not documented in the individual care plans as required by this Article.

The lack of therapeutic activities for the residents in St. Christopher's Ward was appalling. There was no input from psychology, social work or occupational therapy. The only input was from medical and nursing staff, apart from one art session a week from a recreational therapist. The staff were not trained in intellectual disability and mental illness and were not in a position to provide appropriate therapies for the resident. There was no input from an intellectual disability service. It was evident from observing the residents that maladaptive behaviours, self-stimulation, institutionalisation and withdrawal were prevalent, all issues that could be addressed by providing appropriate therapies and an appropriate environment. No sensory equipment suitable for people with intellectual disability was evident in the ward. Some old equipment was found locked in a storeroom. A Snoozelan room had been dismantled a number of years ago with no replacement. A couple of residents regularly went out with family. One resident attended the Killagoley Training and Activation Centre. An appropriate therapeutic environment and intervention must be provided to support optimal functioning and quality of life.

The nurses provided reminiscence therapy in St. Elizabeth's ward. In St. Enda's Ward a few residents attended the skills based programme. A recreational therapist attended twice a week in St. Edna's ward. The social worker had input into facilitating the move to new premises.

Breach: 16

Article 17: Children's Education

No children were admitted to the Approved Centre.

Article 18: Transfer of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The approved centre had written policies and procedures on the transfer of residents. All relevant information accompanied the resident on transfer.

Article 19 (1-2): General Health

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>			X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>	X		
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>		X	

Justification for this rating:

All six-monthly physical reviews had been completed. There was a system in place in each ward to ensure this was done. There was a policy with regard to responding to medical emergencies.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X		
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		X	X
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

An information booklet was available but was out of date. This would be rectified with the move to the new premises. There was good information on medications but no information on diagnosis. The approved centre had written operational policies and procedures for the provision of information to residents. Information on advocacy services was displayed.

Breach: 20(1) (c)

Article 21: Privacy

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>			
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>	X	X	X
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There were no locks on the toilet doors in St. Elizabeth's Ward.

There were no curtains around any of the beds in St. Christopher's Ward and no locks on the toilet doors.

These issues should be addressed in the new premises.

Breach: 21

Article 22: Premises

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>			
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>	X	X	X

Justification for this rating:

The building remains unfit to provide in-patient mental health care. In particular, the drab, dreary institutionalised environment in St. Christopher's Ward was of concern.

Despite the deterioration of the building it was very clean in all occupied areas and the cleaning staff were to be commended.

The inspectors were satisfied that the provision of new buildings in March 2013 would address the issue of the premises.

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

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was an up-to-date policy on the ordering, prescribing, storing and administration of medication.

Article 24 (1-2): Health and Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was a health and safety statement available.

Article 25: Use of Closed Circuit Television (CCTV)

CCTV was not used in the Approved Centre.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
St. Christopher's Ward	CNM2	1	0
	RPN	2	2
St. Elizabeth's Ward	CNM2	1	0
	RPN	3	2
	Healthcare Assistant	1	0
St. Edna's Ward	CNM2	1	0
	RPN	1	1

Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Non Consultant Hospital Doctor (NCHD), Director of Nursing, (DON), Assistant Director of Nursing (ADON).

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>			
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X	X	X
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was no psychology, social work or occupational therapy input to St. Christopher's Ward. Staff were trained in the prevention and management of aggression and violence and a training record was available. One nurse was undergoing training in intellectual disability and mental illness. A policy was available on the vetting and recruitment of staff.

Breach: 26 (2)

Article 27: Maintenance of Records

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X		
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		X	X
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There were two separate clinical files in operation in St. Christopher's Ward and there was difficulty in retrieval of documentation. Otherwise clinical documentation was in good order.

There was a policy in relation to the creation of, access to, retention and destruction of records.

The Fire inspection report was not provided by the service. The Environmental Health Officer's report was available.

Breach: 27 (3)

Article 28: Register of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The Register of Residents was in accordance with the requirements of this Article.

Article 29: Operating policies and procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The operational policies were all in date and regularly reviewed.

Article 30: Mental Health Tribunals

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Mental Health Tribunals were facilitated by the approved centre.

Article 31: Complaint Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was a complaints policy and the complaints officer was located in the approved centre. The complaints procedure was displayed. A record of complaints was available.

Article 32: Risk Management Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was a risk management policy in accordance with this Article.

Article 33: Insurance

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The approved centre was insured under the State Indemnity Scheme.

Article 34: Certificate of Registration

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The Certificate of Registration was prominently displayed.

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

SECLUSION

Use: Seclusion was used in St. Christopher's Ward.

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

The documentation for seclusion was good. The seclusion register had been correctly completed. Monitoring had been carried out in accordance with the Rules. Seclusion had been documented in the clinical file. There was a policy regarding the use of seclusion.

Staff were trained in the prevention and management of aggression and violence.

The facilities for seclusion were very poor. The seclusion room was located on the main corridor. There was a blind spot in the seclusion room. CCTV was not used. The room was poorly ventilated and smelly. There were no toilet or washing facilities. The move to new premises in March 2013 will remedy this situation.

Breach: 8.1, 8.2,8.3

Electroconvulsive Therapy (ECT) (DETAINED PATIENTS)

Use: ECT was not used in the approved centre. There were no detained patients in the approved centre.

MECHANICAL RESTRAINT

Use: Part 5 of Mechanical Restraint was used in the approved centre.

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

Justification for this rating:

Three residents were restrained using lap-belts under Part 5 of the Rules on the Use of Mechanical Means of Bodily Restraint. All episodes of restraint were correctly prescribed using a specific form.

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

PHYSICAL RESTRAINT

Use: Physical restraint was used in St. Christopher's Ward

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

Justification for this rating:

The documentation for physical restraint was good. The clinical practice forms were correctly completed. Physical restraint was documented in the clinical file. Next of kin had been informed.

There was a policy regarding the use of physical restraint.

Staff were trained in the prevention and management of aggression and violence.

ADMISSION OF CHILDREN

Description: Children were not admitted to the approved centre.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: No death had been reported in 2012 up to the date of inspection.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
2	Notification of deaths	X			
3	Incident reporting	X			
4	Clinical governance (identified risk manager)	X			

Justification for this rating:

A record of incidents was examined by inspectors and was satisfactory. The approved centre forwarded a summary of all incidents to the Mental Health Commission as required under this Code of Practice. The risk management policy did identify the risk manager as required by the Code of Practice on the Notification of Deaths and Incidents.

Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS

Use: : ECT was not used in the approved centre. No voluntary patient was receiving ECT in another 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	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The approved centre had policies on admission, transfer and discharge, but no longer accepted people for admission. The service had developed a working relationship with some local nursing homes in view of the recent discharge of residents to nursing homes. The approved centre was compliant with Article 32 in respect of Risk Management procedures and all staff had received training in physical restraint.

Part 3 Admission Process

The following aspects were considered: 10. pre-admission process, 11. unplanned referral to an Approved Centre, 12. admission criteria, 13. decision to admit, 14. decision not to admit, 15. assessment following admission, 16. rights and information, 17. individual care and treatment plan, 18. resident and family/carer/advocate involvement, 19. multidisciplinary team involvement, 20. key-worker, 21. collaboration with primary health care community mental health services, relevant outside agencies and information transfer, 22. record-keeping and documentation, 23. day of admission, 24. specific groups.

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
NOT APPLICABLE			

Justification for this rating:

The approved centre no longer accepted people for 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. multidisciplinary team involvement, 30. communication between Approved Centre and receiving facility and information transfer, 31. record-keeping and documentation, 32. day of transfer.

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

Some residents in the approved centre had been transferred to a nursing home or community residence; no clinical file was available for inspection. The approved centre was compliant with Article 18 relating to Transfer of Residents.

Part 5 Discharge Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

Residents had been discharged from the approved centre since the inspection of 2011. No clinical file was available for inspection.

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

Description: Thirteen residents were reported by staff to have a known intellectual disability and mental illness on St. Christopher’s Ward.

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
			X

Justification for this rating:

The inspectors could not locate a policy at the time of inspection with regard to intellectual disability and mental illness. This was subsequently forwarded to the inspectors. Activation was not provided in accordance with this policy. There was no reference to the policy of training of staff as per this Code of Practice.

The inspectors were informed that no training of staff in intellectual disability and mental illness had taken place. Subsequent to the inspection the inspectors were informed that one member of nursing staff was completing training with the Callan Institute in Kilkenny on working with people with intellectual disability.

There was no inter-agency collaboration and no specific intellectual disability service for the residents.

All residents had an individual care plan.

The environment of the ward was extremely impoverished. There were no opportunities for engagement in meaningful activities.

Breach: 6, 7, 10.2, 10.3

**2.5 EVIDENCE OF COMPLIANCE WITH SECTIONS 60/61 MENTAL HEALTH ACT 2001
(MEDICATION)**

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: There were no detained patients in the approved centre and Section 60 did not apply.

**SECTION 61 – TREATMENT OF CHILDREN WITH SECTION 25 MENTAL HEALTH ACT 2001
ORDER IN FORCE**

Description: Children were not admitted to the approved centre so section 61 Mental Health Act 2001 did not apply.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

Residents spoke highly of nursing staff and all residents were greeted by inspectors during the course of this inspection.

OVERALL CONCLUSIONS

The imminent closure of St. Senan's Hospital (March 2013) and the transfer of residents to more appropriate facilities was most welcome. The hospital in its present condition cannot provide a suitable environment for the care and treatment of people with mental illness and/or an intellectual disability.

It was most disappointing to find that the majority of residents in St. Elizabeth's Ward had no individual care plan. This requirement has been in place for six years yet there was little evidence that work had been done to ensure compliance with this Article of the Regulations. The individual care plans in St. Christopher's Ward and St. Enda's Ward were good.

The inspectors had serious concerns about the care and treatment of the residents with intellectual disability in St. Christopher's Ward. These residents were a very vulnerable group, most of whom were not able to communicate their needs, and were accommodated currently in very poor conditions. The issue of the impoverished environment will be addressed by the move in March 2013 to purpose built premises. It was the lack of any therapeutic input for the residents that caused the main concern. Apart from one session from the recreational therapist once a week for some residents, there were no therapeutic activities of any kind. There was no input from occupational therapy, psychology and social work. There was no input from any intellectual disability service. Outings were curtailed by lack of nursing staff. Only one nurse was in the process of being trained in intellectual disability. The clinical care was provided by the rehabilitation team, which was not an appropriate specialism, although the doctors provided good medical input. There was no sensory equipment available for residents on the ward. Residents were observed to be behaving maladaptively and this was undoubtedly contributed to by the lack of any stimulating activity and needs based therapeutic activities. The inspectors could not locate a policy at the time of inspection with regard to intellectual disability and mental illness. This was subsequently forwarded to the inspectors. The inspectors were very concerned that there were no plans to provide appropriate therapeutic services and programmes following the move to new premises. This needs to be addressed urgently. It was completely unacceptable that such a vulnerable group of residents should be deprived of appropriate therapeutic interventions.

The inspectors were impressed with the community mental health teams and the provision of a recovery orientated service in the South Wexford sector. This is reported elsewhere in the annual report.

RECOMMENDATIONS 2012

1. Urgent provision of appropriate and needs based therapeutic services and programmes must be provided for the residents in St. Christopher's Ward.
2. All staff must have training in intellectual disability and mental illness.
3. The residents in St. Elizabeth's Ward must have individual care plans.
4. The provision of information for residents must be in accordance with Article 20 of the Regulations.
5. Training in how to develop individual care plans in line with the Regulations should be provided.