Report of the Inspector of Mental Health Services 2010

EXECUTIVE CATCHMENT AREA	Carlow/Kilkenny/South Tipperary
HSE AREA	South
CATCHMENT AREA	Carlow Kilkenny
MENTAL HEALTH SERVICE	Carlow Kilkenny
APPROVED CENTRE	St. Dympna's Hospital
NUMBER OF WARDS	1
NAMES OF UNITS OR WARDS INSPECTED	St. Patrick's Ward
TOTAL NUMBER OF BEDS	15
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	5 August 2010

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

INTRODUCTION

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

DESCRIPTION

St. Dympna's Hospital closed St. Mary's ward in March 2010 and discharged residents to community based services and nursing homes. Only one ward remained in the approved centre and plans were in place to discharge remaining residents to more suitable accommodation. On the day of inspection there were 15 voluntary residents, one of whom was out on leave six nights a week. Interim remedial work had been undertaken in the approved centre to render it more habitable pending the closure of the hospital.

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
St. Patrick's Ward	15	15	Rehabilitation

QUALITY INITIATIVES

- St. Dympna's had developed an excellent protocol and documentation to facilitate successful discharge of each individual to community based services and nursing homes. Families and residents were active participants in the process. Nursing staff provided follow-up support.
- The service had audited its multidisciplinary care plan and team meetings.
- The service had implemented individual care plans in hostels and residences.
- The Dolmen Day Centre provided a skill based programme and had been approved by the National Standards Authority Ireland. Plans had been developed to provide a pre-hostel life skills programme in Clann Nua and have this similarly accredited.
- A steering group and governance framework had been set up to facilitate the development of integrated community based services and acute mental health services in the expanded catchment area of Carlow/Kilkenny and South Tipperary.

PROGRESS ON RECOMMENDATIONS IN THE 2009 APPROVED CENTRE REPORT

1. The rehabilitation team must be resourced to enable it to be staffed with a full multidisciplinary team.

   Outcome: No progress had been made. The team had no health and social care professionals.

2. Therapeutic services and programmes should be linked to residents individual care plans.

   Outcome: Therapeutic services and programmes were not adequately linked to individual care plans.

3. Privacy for residents in St. Patrick's ward should be enhanced by obscuring the lower part of the windows in the bedroom areas which look out on the main grounds of the hospital.

   Outcome: St. Patrick's ward provided privacy and space for all residents.

4. A number of maintenance issues need to be addressed in St. Patrick's ward.

   Outcome: Some remedial work had been completed to address the maintenance issues in St. Patrick's Ward. Plans to vacate the ward in spring 2011 were at an advanced stage.

5. The service should advise the Mental Health Commission of the correct number of patients who can be accommodated in the approved centre.

   Outcome: The service advised the Mental Health Commission that there were 15 beds in the approved centre and that all admissions had ceased.

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	*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.*		

Article 5: Food and Nutrition

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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.*		

Article 6 (1-2): Food Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	*Evidence of full compliance with this Regulation.*		
Substantial compliance	*Evidence of substantial compliance but improvement needed.*	X	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.*		

Justification for this rating:

Food was prepared in the Sacred Heart Hospital and transported to the approved centre. The approved centre operated the Hygiene and Contamination Control Programme (HACCP). The approved centre provided the environmental health officer's report. The report noted that whilst the kitchen in St. Patrick's ward was only a servery kitchen, the fridge temperature was inadequate for food storage and required monitoring.

Breach: 6 1 (b)

Article 7: Clothing

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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.*		

Article 8: Residents' Personal Property and Possessions

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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.*		

Article 9: Recreational Activities

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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.*		

Article 10: Religion

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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.*		

Article 11 (1-6): Visits

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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.*		

Article 12 (1-4): Communication

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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.*		

Article 13: Searches

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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.*		

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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.*		

Article 15: Individual Care Plan

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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.*		

Justification for this rating:

The clinical files inspected contained individual care plans (ICP) as required by the Regulations. The rehabilitation team was responsible for the care of all residents on St. Patrick's Ward. The team had no health and social care professionals and this was reflected in the largely biological focus of the individual care plans. The voice of residents might have been more robustly recorded in the ICP as outlined in the Quality Framework for Mental Health Services in Ireland.

Article 16: Therapeutic Services and Programmes

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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.*		

Justification for this rating:

Each resident had an individual diary of activities posted on their wardrobe door. Some residents attended the Castle Activation Centre or the Dolmen Day Centre. Inspection of the clinical files indicated that many residents engaged in valuable social activity in the town. In the individual files inspected, therapeutic services and programmes were not linked in sufficiently to individual care plans. It was not evident whether individuals participated in activities primarily because they were available in the service or because they met individual assessed need.

Social work and occupational therapy from the general adult sector team had provided excellent assessment and recommendations for therapeutic intervention with a view to enabling the discharge of residents to nursing homes and community residences. The approved centre was compromised in its ability to provide such therapeutic interventions owing to staff resources on the rehabilitation team.

Breach: 16 (1) (2)

Article 17: Children's Education

The approved centre had a policy which stated that children were not admitted to the approved centre.

Article 18: Transfer of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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.*		

Justification for this rating:

The approved centre had a policy in place.

Article 19 (1-2): General Health

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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.*		

Justification for this rating:

The approved centre had access to a community physiotherapist and general practitioner as required and to national screening programmes. The approved centre had a log to indicate when six monthly general physical examinations were required for residents. In one of the individual clinical files inspected, there was no record of the physical examination. One resident had no medical notes entered in the clinical file between December 2009 and March 2010.

Breach: 19 (1) (b)

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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.*		

Justification for this rating:

Information on complaints procedure, advocacy services and local mental health services and support groups were displayed on notice boards. Information on the resident's multidisciplinary team and how they could be accessed and individual care plan was made available to all residents. A representative of the Irish Advocacy Network visited the hospital regularly. Residents were provided with information on medications on an individual basis. Residents who were discharged to other approved centres and their families were provided with appropriate and timely information.

Article 21: Privacy

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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.*		

Justification for this rating:

All beds had curtains and residents had their own wardrobes. Bathroom facilities afforded respect and privacy.

Article 22: Premises

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	*Evidence of full compliance with this Regulation.*		
Substantial compliance	*Evidence of substantial compliance but improvement needed.*	X	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.*		

Justification for this rating:

Cosmetic work had been undertaken to make the ward bright and decorous. However, the fabric of the old building showed evidence of dampness. Some remedial work had been done on bathrooms.

Breach: 22 (1)

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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.*		

Justification for this rating:

There was a medicines policy in place.

Article 24 (1-2): Health and Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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.*		

Article 25: Use of Closed Circuit Television (CCTV)

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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.*		

Justification for this rating:

The approved centre had a policy in place in relation to the use of CCTV, which was not used internally.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
St. Patrick's Ward	1 CNM2 and either 2 staff nurses or 1 staff nurse and 1 healthcare assistant	3	2
	Rehabilitation Consultant Psychiatrist	0.5	

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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	X
Not compliant	*Service is unable to demonstrate structures or processes to be compliant with this Regulation.*		

Justification for this rating:

The approved centre had a policy on the recruitment, selection and vetting of staff. The rehabilitation team had responsibility for the care of residents in St. Patrick's ward. Social work and occupational therapy staff from general adult sector teams had provided excellent individual assessments and reports to enable and support the transfer and discharged of residents to other centres and community based services. The rehabilitation team continued to have no social worker, no clinical psychologist and no occupational therapist.

Breach: 26 (2)

Article 27: Maintenance of Records

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	*Evidence of full compliance with this Regulation.*		
Substantial compliance	*Evidence of substantial compliance but improvement needed.*	X	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.*		

Justification for this rating:

There was a policy in place regarding records. Information was secured within one composite clinical file. However, on the day of inspection, both the Inspectorate and nursing staff had difficulty locating some reports which were not uniformly located within the clinical files. In one of the clinical files inspected the most recent evident medical entry was some five months previously.

Breach: 27 (1)

Article 28: Register of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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.*		

Article 29: Operating policies and procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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.*		

Article 30: Mental Health Tribunals

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	*Evidence of full compliance with this Regulation.*	**NOT APPLICABLE**	**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.*		

Article 31: Complaint Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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.*		

Article 32: Risk Management Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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.*		

Justification for this rating:

The service had policies on risk management as required by the Regulations.

Article 33: Insurance

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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.*		

Article 34: Certificate of Registration

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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.*		

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

SECLUSION

The approved centre did not use seclusion.

ECT (DETAINED PATIENTS)

Use: The approved centre did not provide ECT.

MECHANICAL RESTRAINT

Use: The only mechanical restraint used in the approved centre was restraint for enduring self harming behaviour. There was a policy in place. Mechanical restraint was not in use on the day of Inspection.

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:

On the day of inspection no resident was restrained under Part 5 of the Rules.

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

PHYSICAL RESTRAINT

Use: Physical restraint was not in use in the approved centre on the day of inspection. Physical restraint had not been used, but the service had a policy in place in the event that physical restraint might be required in the future.

ADMISSION OF CHILDREN

Description: The approved centre did not admit children and had a policy to this effect.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: The approved centre was compliant with the Code of Practice in relation to the reporting of deaths and incidents.

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:

There was a system for reporting incident and deaths internally and externally to the Mental Health Commission. The service operated the Trust in Care policy.

ECT FOR VOLUNTARY PATIENTS

Use: ECT was not used in St. Dympna's Hospital.

ADMISSION, TRANSFER AND DISCHARGE

Description: The approved centre had comprehensive policies in place.

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:

In the clinical files examined there was clear evidence of individual assessment and care pathway planning.

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
NOT APPLICABLE			

Justification for this rating:

The approved centre had ceased to take admissions.

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:

The service had an excellent policy and procedure in place.

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 approved centre had discharged all the residents from one unit to nursing homes and community residences. There were plans in place to discharge the remaining residents within the next year. The service had developed an exemplary and comprehensive protocol for discharge, and provided detailed documentation to the new service. Residents and their families were involved in pre-discharge planning and visitation to proposed services. The service continued to provide support for recently discharged residents with out-reach nurses visiting nursing homes, and the nursing staff within St. Dympna's had also maintained contact with discharged residents. One nurse had been seconded out to provide liaison and support for the initial months following discharge and some service users attended Kelvin Court.

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

Description: There was no resident with an intellectual disability and mental illness on the day of inspection.

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
NOT APPLICABLE			

Justification for this rating:

The service had ceased admissions and no current resident had an intellectual disability and mental illness.

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: All residents were voluntary.

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

Description: The approved centre did not admit children and had a policy to that effect.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

The Inspectorate greeted several residents on the day of inspection and all said they were satisfied with their care and treatment. No resident sought to speak individually with the Inspectorate.

MEDICATION

The medication sheets were in booklet format and were clear and easy to read. PRN (as required) medication was separate from regular medication. Indications for use of PRN medication were not given.

MEDICATION LONG STAY

NUMBER OF PRESCRIPTIONS:	16
Number on benzodiazepines	10
Number on more than one benzodiazepine	3
Number on regular benzodiazepines	8
Number on PRN benzodiazepines	5
Number on hypnotics	8
Number on Non benzodiazepine hypnotics	2
Number on antipsychotic medication	15
Number on high dose antipsychotic medication	2
Number on more than one antipsychotic medication	4
Number on PRN antipsychotic medication	6

Number on antidepressant medication	**3**
Number on more than one antidepressant	**0**
Number on antiepileptic medication	**4**
Number on Lithium	**0**

OVERALL CONCLUSIONS

St. Dympna's Hospital had reduced in size from a large psychiatric institution to a single 15-bed unit. The service had invested consideration and effort to successfully relocate a significant number of its residents to more suitable accommodation. This had included an exemplary discharge protocol and assessment pack, involvement of residents and their families and the provision of ongoing support by nursing staff for a protracted transition period. The service was about to embark on relocating the remaining residents.

Individual care plans were in operation, albeit limited in scope owing to the lack of a full rehabilitation team which continued to limit therapeutic effectiveness. Therapeutic services and programmes were not linked to the individual care plans. Many of the residents spent the greater part of the day outside the hospital. Some residents attended an activation unit or a day centre, and some spent time with family or engaged in social activities in the town. These residents needed to be more appropriately placed in supervised residences in the community.

The service was addressing the development of integrated community based services and acute mental health services in the expanded catchment area of Carlow/Kilkenny and South Tipperary. A steering group and governance framework had been established to this end.

RECOMMENDATIONS 2010

1. The approved centre should proceed with the planned closure of St. Patrick's Ward.

2. Therapeutic services and programmes should be specified in individual care plans.

3. The rehabilitation team should be adequately resourced with multidisciplinary professionals.

4. The governance framework should include more robust health and social care professional representation.