Report of the Inspector of Mental Health Services 2010

EXECUTIVE CATCHMENT AREA	South Lee/West Cork/Kerry
HSE AREA	South
CATCHMENT AREA	Kerry
MENTAL HEALTH SERVICE	Kerry
APPROVED CENTRE	St. Finan's Hospital, Killarney
NUMBER OF WARDS	5
NAMES OF UNITS OR WARDS INSPECTED	St. Paul's ward St. Peter's ward St. Martin's ward
TOTAL NUMBER OF BEDS	53
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced Re-inspection
DATE OF INSPECTION	14 December 2010

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

DESCRIPTION

Following an inspection of St. Finan's Hospital, Killarney, in June 2010, it was noted that no resident on St. Paul's ward had an individual care plan as defined in the Regulations (S.I. No.551 of 2006) and a number of residents did not have up-to-date physical health reviews. In all wards there was little evidence of recreational activities and of the provision of therapeutic services and programmes to residents, poor provision of information to residents, and compliance issues with privacy and premises.

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
St. Peter's Ward	9	8	Rehabilitation
St. Paul's Ward	8	8	General Adult
St. Martin's Ward	10	9	Rehabilitation
O'Connor Unit East	14	11	Rehabilitation
O'Connor Unit West	12	8	Rehabilitation

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 6 (1-2): Food Safety

LEVEL OF COMPLIANCE	DESCRIPTION	JUNE 2010	DECEMBER 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:

The approved centre was requested to forward its most recent food safety report but failed to do so.

Breach: 6

Article 9: Recreational Activities

LEVEL OF COMPLIANCE	DESCRIPTION	JUNE 2010	DECEMBER 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:

In St. Paul's ward, a newspaper was delivered daily. It was reported that only two residents on the ward read this newspaper. There was a television in the communal area. A number of residents appeared to be unoccupied on the ward. It was reported that, in the summer, residents went outside, but not during the winter. It was reported that any resident on the ward had to be accompanied by a member of staff due to the wintry conditions. It was reported that staff were not available to carry out these activities.

In St. Peter's ward it was reported that there was not much for residents to do on the ward. A newspaper was delivered to the ward. There was a television on with one resident looking at it. A number of residents were wandering about the ward.

Breach: 9

Article 15: Individual Care Plan

LEVEL OF COMPLIANCE	DESCRIPTION	JUNE 2010	DECEMBER 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:

Three clinical files were examined on St. Paul's ward. None of these residents had an individual care plan as defined in the Regulations.

Residents on St. Peter's ward had individual care plans as defined in the Regulations.

Breach: 15

Article 16: Therapeutic Services and Programmes

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

Justification for this rating:

In St. Paul's ward: The white board was dated for the previous day and had reminiscence therapy and reality orientation written on it. No precise times were indicated as to when these programmes were carried out. When asked about this, staff reported that if these programmes were carried out it would be ward staff that did so. However, upon clarification, it was reported that these programmes were not ordinarily done. No resident had an individual care plan.

St. Peter's ward: Four residents attended Lyme Grove activity centre. One resident had to be accompanied by two members of staff to attend this facility and at any other time they left the ward. A forensic consultation from a forensic consultant psychiatrist for a resident was due on the day of inspection. Walks and newspaper readings were carried out. Staff were forthcoming in admitting that not much else was available for the four residents who remained on the ward during the day.

Breach: 16 (1) (2)

Article 19 (1-2): General Health

LEVEL OF COMPLIANCE	DESCRIPTION	JUNE 2010	DECEMBER 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:

Three clinical files of residents who were resident for a period greater than six months were examined. There was evidence of physical examinations carried out every six months.

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

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

Justification for this rating:

In St. Paul's ward and St. Peter's ward a resident information leaflet was available. In St. Paul's ward the staff were not aware whether the peer advocate attended the ward. In St. Peter's ward, the Irish Advocacy Network (IAN) representative, attended periodically as did Amnesty International representatives. There was no visible display of the residents' multidisciplinary team as indicated in the resident's information leaflet. Written information on residents' diagnoses and information on indications for use of all medications to be administered to the resident, including any possible side-effects was not available.

Breach: 20 (1)

Article 21: Privacy

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

Justification for this rating:

In St. Paul's ward, all residents in the dormitory area had privacy curtains.

In St. Peter's ward, one resident's bed continued to be situated in a corridor alcove without privacy curtains. The beds in the dormitory area did not have privacy curtains.

Breach: 21

Article 22: Premises

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

Justification for this rating:

St. Peter's ward was clean. The ward had been repainted. It was noted by the Inspectorate that the original heaters, one of which remained in the ward office, had been removed from the ward and the ward used electric fan heaters positioned high up the walls. These emitted warm air further up towards the ceiling and made a constant whirring noise that, when one was sitting in the area for any duration of time, must be distracting. The ward was cold in places.

St. Paul's ward was clean. The ward was warm. It was reported that the ward was due to close in January 2011 and remaining residents were scheduled to be transferred to the O'Connor wing.

St. Martin's ward was clean and warm.

St. Peter's ward, St. Paul's ward and St. Martin's ward were unsuitable for the care and treatment of residents. The O'Connor wing was not inspected.

Breach: 22

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
St. Peter's Ward	Nursing	4	3
	Housekeeping	1	0
St. Paul's Ward	Nursing	4	2
	Housekeeping	1	0
St. Martin's Ward	Nursing	3	2
	Housekeeping	1	0

LEVEL OF COMPLIANCE	DESCRIPTION	JUNE 2010	DECEMBER 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 situation pertaining to this Article had not changed since the June 2010 inspection.

Breach: 26 (2)

Article 29: Operating policies and procedures

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

Justification for this rating:

There was evidence that the approved centre reviewed all policies in relation to the Regulations, every three years. There was evidence that all policies in relation to the Rules and Codes of Practice were reviewed each year.

Article 32: Risk Management Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	JUNE 2010	DECEMBER 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 now had a Risk Management policy that was compliant with the Regulations.

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

SECLUSION

Use: St. Paul's ward did not use seclusion. No resident of St. Peter's ward had been secluded in 2010. St. Martin's ward had secluded two patients in 2010 to the date of this reinspection.

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

Justification for this rating:

Both patients were no longer resident on St. Martin's ward. Both clinical files were unavailable. The clinical file in relation to the first seclusion had been examined during the June 2010 inspection and the documentation had been of a high standard. The seclusion register was examined and was satisfactory.

It was reported that St. Peter's ward no longer used the seclusion room as a bedroom.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: The approved centre failed to reach full compliance during the June 2010 inspection due to the inadequacies of the contents of the Risk Management policy.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
2	**Notification of deaths**	X			
3	**Incident reporting**	X			
4	**Clinical governance**	X			

Justification for this rating:

The Risk Management policy was now compliant with the Regulations and with the requirements of this Code of Practice.

ADMISSION, TRANSFER AND DISCHARGE

Description: There had been no admissions in 2010. A number of patients had been transferred in and out for clinical reasons. These clinical files were unavailable for examination.

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:

The approved centre had written policies and procedures for admissions, transfers and discharges.

The approved centre had a risk management policy.

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:

In the three clinical files examined on St. Paul's ward, no resident had an individual care plan as defined in the Regulations.

Breach: 17

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:

It was reported that a number of residents had been transferred to the approved centre for clinical reasons. These residents were no longer residing at the approved centre and thus, the clinical files were unavailable for examination.

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 now had a discharge policy. There was no evidence of peer advocacy involvement in St. Paul's ward. There was no evidence of any information in relation to peer advocacy. There was no evidence of a key worker system on St. Paul's ward.

Breach: 37, 39

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

Description: A number of residents in the approved centre had an intellectual disability and mental illness.

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
		X	

Justification for this rating:

The approved centre did not have policies in relation to this Code of Practice. Staff had not been provided with education and training to support the principles and guidance in this Code of Practice.

Breach: 5, 6

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

No resident requested to speak with the Inspectorate. Residents were greeted and a number chatted with the Inspectorate.

OVERALL CONCLUSIONS

St. Finan's Hospital, Killarney, was not suitable for the care and treatment of residents. The unsuitability of the premises had been already reported in the June 2010 inspection report and in previous inspection reports and shall not be repeated here. What needs to be reported, however, was that it is unforgiveable, in this day and age, that resources and processes had not been put in place so that certain residents of the approved centre, particularly the four residents who remained in St. Peter's ward, could have access to a therapeutic programme based on individual need. One or more residents, it was reported, required more than one staff member to accompany them off the ward and it was reported that staffing levels, currently, rendered this impossible.

RECOMMENDATIONS 2010

1. Therapeutic services and programmes to address the needs of residents must be urgently put in place.

2. The recreational needs of residents must be urgently addressed.

3. The building, which has been in use since 1849, was not fit for purpose and should close.

4. All residents in the approved centre must have an individual care plan as defined in the Regulations.

5. Provision of information to residents must be improved.