Report of the Inspector of Mental Health Services 2008

HSE AREA	HSE West
CATCHMENT	Limerick
MENTAL HEALTH SERVICE	Limerick
APPROVED CENTRE	St. Joseph's Hospital
NUMBER OF UNITS OR WARDS	5
UNITS OR WARDS INSPECTED	Aurora St. Brendan's St. Rita's St. Mary's Rehabilitation Assessment Unit
NUMBER OF RESIDENTS WHO CAN BE ACCOMODATED	77
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Announced
DATE OF INSPECTION	9 September 2008

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

INTRODUCTION

In 2008, there was a focus on continuous quality improvement across the Mental Health Service. 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 2007. Information was gathered from service user questionnaires, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

St. Joseph's Hospital was an old psychiatric hospital, built in the nineteenth century. On the day of the inspection there were 77 residents, 14 of whom had an intellectual disability. The Inspectorate had repeatedly stated that the hospital was unsuitable and that there was a need to transfer residents to more suitable accommodation based on needs.

The hospital provided care to three main care groups, psychiatry of later life, rehabilitation and challenging behaviour, and intellectual disability. Since the last inspection, St. Martin's Ward had closed and the residents had moved to a renovated ward in the hospital (Aurora). The ward had been renovated to a very high standard. In addition, the bathroom areas in St. Rita's Ward had been upgraded; there was a new garden area in St. Mary's Ward and a new kitchen on the rehabilitation ward. Given the age of the building and the profile of the residents, many of the remaining wards were unsuitable for elderly care or continuing care and required considerable ongoing maintenance to meet a basic standard.

It was disappointing to record that there were active admissions from the acute unit at Limerick Regional Hospital to the hospital in order to manage bed numbers. These residents often remained under the general adult team and had not been transferred to the rehabilitation service. The rehabilitation service had received no increase in staffing. This impacted directly on the range of options and rehabilitation plans that could be put in place. The age profile of the residents in Aurora Ward and the Rehabilitation Unit was young and they required intensive rehabilitation.

The continued use of a psychiatric hospital for individuals with an intellectual disability was disappointing. It had been a goal of the HSE for many years to place people in suitable housing in the community. Since the inspection, it was reported that all of these individuals had been assessed by the Daughters of Charity in relation to suitability for transfer to that service. Two individuals were due to reach 65 in 2009 and were deemed to be more appropriate for the elderly services. Two other individuals had been offered places in the Daughters of Charity but declined.

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Aurora Ward	18	18	General adult
St. Brendan's Ward	17	17	General adult
St. Rita's Ward	14	14	General adult
St. Mary's Ward	11	11	General adult
Rehabilitation Assessment Unit	17	17	Rehabilitation General adult

A number of clinical practices had improved. The use of seclusion in the hospital had now ceased. A new multidisciplinary team (MDT) care plan had been piloted in one ward. The standard of documentation had improved. Additional resources had been placed in activation/recreational therapy. The quality and variety of food had improved. Residents were given a choice of meals and menus were available.

RECOMMENDATIONS ARISING FROM THE 2007 APPROVED CENTRE REPORT

1. St. Martin's Unit was not suitable for the provision for care and treatment to residents and provides no privacy or dignity. It should be closed and residents moved to more suitable accommodation.

Outcome: This had been achieved in full.

2. The practice of 'sleeping out' residents must cease. Following the inspection, the service reported that this practice had ceased. However, on a subsequent visit the Inspectorate was informed that one resident from St. Martin's was 'sleeping out'.

Outcome: It was reported that this was no longer practice.

3. The approved centre should have MDT care plans as specified in the Regulations for all residents.

Outcome: A pilot project had commenced. The paperwork was of a high standard.

4. The approved centre should have local unit policies for locking doors when necessary as part of a resident's care plan, particularly when the residents are of voluntary status.

Outcome: A policy was submitted, with a review date of July 2010.

5. A fully staffed rehabilitation team should be in place and MDT meetings held on the unit. Following the inspection visit, the service reported that weekly team meetings had commenced on the unit.

Outcome: The rehabilitation team remained understaffed. There was no increase in its staffing levels. it also had responsibility for community residences. Poor skill mix and the shortage of health and social care professionals resulted in limited rehabilitation plans. The rehabilitation team met weekly on the rehabilitation ward.

6. The use of seclusion and the seclusion facility in St. Rita's must meet the requirements of the Rules for the Use of Seclusion.

Outcome: Seclusion had ceased since the last inspection.

MDT CARE PLANS 2008

The service had agreed a system for recording an MDT care plan. Consisting of a single subdivided file, it was being piloted in St. Mary's Ward in the hospital. There was evidence of regular input from the medical, nursing and clinical psychology staff. There was no evidence in the files reviewed of entries from other disciplines. There was a shortage of health and social care professionals, especially in relation to occupational therapy and social work.

GOOD PRACTICE DEVELOPMENTS 2008

- Seclusion had ceased in the hospital.
- Additional resources had been appointed to the activation service.
- MDT care plans were being piloted in the service.

SERVICE USER INTERVIEWS

A number of residents were spoken to formally and informally during the inspection. A number of issues raised were brought to the attention of nursing staff on the day. There was access to an advocate in the hospital and he visited the individual wards regularly.

2008 AREAS FOR DEVELOPMENT ON THE QUALITY, CARE AND TREATMENT MENTAL HEALTH ACT 2001 SECTION 51 (b)(i)

1. Each resident must have an individual assessment of needs and appropriate care setting provided. All individuals with an intellectual disability must be placed in a more suitable setting.

2. A closure plan for the hospital must be progressed. All admissions to the hospital must cease.

3. Each resident must have an individual care plan and access to an appropriate range of therapeutic services based on need.

4. The rehabilitation team must be enhanced with team members in order to assess residents and provide rehabilitation and recovery plans.

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

In 2008, the inspection focused on areas of non-compliance identified in 2007. In addition, the Inspectorate re-inspected compliance with all the Articles in Part Three of the Regulations (15–21 and 26) and the Rules and the Codes of Practice in each approved centre. In 2008, two new Codes of Practice were issued and compliance with them was inspected. Where conditions were attached, they were inspected in detail. Evidence of compliance was established through three strands:

- Inspection of compliance where there was a breach in 2007. This was cross-referenced with the action plan submitted to the MHC Standards and Quality Assurance Division.
- Written evidence requested prior to the inspection, for example policies.
- Evidence gathered during the course of the inspection from staff, service users, photographic evidence and photocopies.

2.1 EVIDENCE OF COMPLIANCE WITH CONDITIONS ATTACHED TO REGISTRATION

As no conditions were attached, this was not applicable.

2.2 EVIDENCE OF COMPLIANCE WITH REGULATIONS UNDER MENTAL HEALTH ACT 2001 SECTION 52 (d) ON 9 SEPTEMBER 2008

Article 5: Food and Nutrition

The service was compliant. Considerable improvements had been put in place since the last inspection.

Compliant: Yes

Article 7: Clothing

The service was compliant.

Compliant: Yes

Article 8: Residents' Personal Property and Possessions

A record of all property was in place.

Compliant: Yes

Article 15: Individual Care Plan

A new system of MDT care planning had commenced in St. Mary's Ward. It was at a pilot stage. There was an MDT care plan in place in the rehabilitation ward. All other residents had a nursing care plan and a medical treatment plan. All plans were actively reviewed and were in order on the day of the inspection.

Breach: Not all residents had an individual care plan as defined in the Regulations.

Compliant: No

Article 16: Therapeutic Services and Programmes

Therapeutic programmes were provided by a clinical psychologist and an art therapist on a number of wards. These interventions were not linked to an overarching care plan. All residents had access to recreational activities. There was no specialist team available to the elderly residents or to those with an intellectual disability. The skill mix and number of staff on the rehabilitation ward was not sufficient to provide rehabilitation and recovery programmes to all the residents. There was access to an occupational therapist on the rehabilitation ward only. External therapies were provided on request to the elderly care wards, physiotherapy and occupational therapist for specialist seating assessments.

Breach: Not all residents had access to the range of therapeutic services required to meet their needs.

Compliant: No

Article 17: Children's Education

The hospital did not admit children. Children who required admission were referred to Acute Psychiatric Unit 5B at the Midwestern Regional Hospital.

Compliant: Not applicable

Article 18: Transfer of Residents

The service was compliant

Compliant: Yes

Article 19 (1-2): General Health

In the files reviewed all residents had a physical examination in the previous six months. There was a system in place to ensure full compliance. It was reported by staff that female residents were offered breast check examinations.

Compliant: Yes

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

The nursing staff had made considerable effort in the provision of information since the last inspection. Each ward had an information stand offering a variety of leaflets on medication, healthy eating and advocacy. Information on key workers and medical staff was updated daily on white boards on the wards. Information on housekeeping was provided verbally by staff. The approved centre had a policy for the provision of information to residents.

Compliant: Yes

Article 21: Privacy

Every effort was made to ensure the privacy of all residents. Each resident had a bed screen.

Compliant: Yes

Article 22: Premises

The hospital was old and unsuitable. Many of the wards were Nightingale style in layout, being composed of a single large room without subdivisions, with narrow corridors and unsuitable bathing facilities. Maintenance of the building was an ongoing project. Since the last inspection, Aurora Ward had been renovated to a very high standard. Improvements included a training kitchen, laundry area, individual wardrobes, showers and a number of sitting areas. There were many homely touches, for example residents' paintings were framed and on display in the ward. Other wards had some renovation work completed which had a positive effect on direct patient care. All wards were clean. The furnishings in some areas were out of date and in need of upgrading. It was reported that new furniture and floor covering was on order for St. Mary's Ward. In St. Brendan's Ward, work had begun on a new bathroom and shower area that would be accessible for residents with mobility problems. On the rehabilitation ward, three residents slept in the third floor which was unsuitable.

Breach: Work to meet the standard required under this Article was ongoing. The upper floor on the rehabilitation ward must close.

Compliant: No

Article 24 (1-2): Health and Safety

The approved centre had written operational policies and procedures relating to the health and safety of residents, staff and visitors. It was dated July 2008. A fire officer's report dated September 2008 was submitted. It identified areas for improvement. A plan should be put in place to address these.

Compliant: Yes

Article 26: Staffing

The HSE policies and procedures relating to the recruitment, selection and vetting of staff applied to this approved centre. Staff reported that they had access to a number of training days. Training was being provided on physical restraint. Copies of the Act, and associated Regulations, Rules and Codes of Practice were available on the units. There was an assistant director of nursing on duty at all times for the approved centre.

There was a reliance on agency nursing staff to fill vacancies and release staff for training. There was a shortage of health and social care professionals to provide rehabilitation programmes for residents. This was an unmet need across the three care groups.

Breach: There was an insufficient staff skill mix to meet the needs of residents.

Compliant: No

Article 28: Register of Residents

The information required under the Regulations was collected across four different reports.

Breach: There was no single register.

Compliant: No

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

SECLUSION

The use of seclusion had ceased in the hospital.

Compliant: Not applicable

ECT

The approved centre did not a have ECT facilities. A policy on ECT was in place. If residents required ECT this was provided in Acute Psychiatric Unit 5B at Midwestern Regional Hospital.

Compliant: Not applicable

MECHANICAL RESTRAINT

A policy on mechanical means of restraint was in place. Five episodes of mechanical restraint were recorded on St. Mary's Ward.

The following table provides a summary of the Inspectorate's findings in relation to compliance with the Rules for the Use of Mechanical Restraint.

SECTION	DESCRIPTION	COMPLIANCE REPORT
14	**Orders**	Reasons were clearly stated and were to enhance resident safety.
15	**Patient dignity and safety**	Compliant
16	**Ending mechanical restraint**	Clearly stated.
17	**Recording use of mechanical restraint**	Detailed and compliant.
18	**Clinical governance**	Compliant
19	**Staff training**	Compliant
20	**Child patients**	Not applicable
21	**Part 5: Use of mechanical means of bodily restraint for enduring self-harming behaviour**	Where cot sides and lap belts were required to enhance resident safety there was evidence in the clinical files that these interventions were prescribed and regularly reviewed.

Compliant: Yes

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

PHYSICAL RESTRAINT

There were episodes of physical on three of the wards inspected, in Aurora Ward and St. Rita's Ward, and one recent episode on the rehabilitation ward.

The following table provides a summary of the Inspectorate's findings in relation to compliance with the Code of Practice for the Use of Physical Restraint.

SECTION	DESCRIPTION	COMPLIANCE REPORT
2	**Orders**	Compliant
3	**Resident dignity and safety**	Compliant
4	**Ending physical restraint**	Compliant
5	**Recording use of physical restraint**	Detailed and compliant.
6	**Clinical governance**	Compliant
7	**Staff training**	Compliant
8	**Child residents**	Not applicable

Compliant: Yes

ADMISSION OF CHILDREN

This approved centre was an adult hospital and was not suitable for the admissions of children. No admissions of children had taken place and children requiring admission were directed to Acute Psychiatric Unit 5B at Midwestern Regional Hospital.

Compliant: Not applicable

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

The following table provides a summary of the Inspectorate's findings in relation to compliance with the Code of Practice for the Notification of Deaths and Incident Reporting.

SECTION	DESCRIPTION	COMPLIANCE REPORT
2	**Notification of deaths**	All deaths were reported to the MHC.
3	**Incident reporting**	There was an incident reporting system in place. All data was inputted into the national STARS web tracking system. Six-monthly reports were sent to the MHC.
4	**Clinical governance**	Compliant

Compliant: Yes

ECT FOR VOLUNTARY PATIENTS

The approved centre did not a have ECT facilities. A policy on ECT was in place. If residents required ECT this was provided in Acute Psychiatric Unit 5B at Midwestern Regional Hospital.

Compliant: Not applicable

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

There was no resident who matched this requirement on the day of the inspection.

Compliant: Not applicable